

**ASSOCIATION BETWEEN PERCEIVED PARENTING STYLES AND  
EMOTIONAL AND BEHAVIOURAL PROBLEMS AMONG ADOLESCENT  
STUDENTS IN NAIROBI COUNTY.**

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## DECLARATION

This thesis is my original work and has not been submitted for examination in any university.

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## **LIST OF ABBREVIATIONS**

<b>KNH/UON ERC</b>	Kenyatta National Hospital/ University of Nairobi Ethics Research Committee
<b>PAQ</b>	Parental Authority Questionnaire
<b>SDQ</b>	Strength and Difficulty Questionnaire
<b>WHO</b>	World Health Organization
<b>ODD</b>	Oppositional Defiant Disorder
<b>CD</b>	Conduct Disorder
<b>ADHD</b>	Attention Deficit and Hyperactivity Disorder
<b>EBP</b>	Emotional and Behavioural Problems
<b>EP</b>	Emotional Problems
<b>BP</b>	Behavioural Problems

## **OPERATIONAL DEFINITIONS**

**Behavioural Problems (EP)** -These refer to the most common disruptive behaviour disorders include oppositional defiant disorder (ODD), conduct disorder (CD) and Attention Deficit and Hyperactivity Disorder (ADHD).

**Emotional Problems in Adolescence** - Emotional problems refer to symptoms of anxiety and depression and are the most common mental health problems in childhood and adolescence.

**Parental Styles** - A parenting style is a psychological construct representing standard strategies that parents use in their child rearing.

## **ABSTRACT**

**Introduction:** Becoming an independent adult who can sufficiently rely on him/herself without the support of parents during the adolescent transition when dynamic, broad and influential changes occur in human development has sweeping effects on the adolescents. Studies indicate that adolescents' challenges range from seeking approval and conformity from friends who influence their behaviour the most at this stage (fidelity) to seeking identity and freedom from their parents. The challenges are experienced by most if not all adolescents, especially where factors such as family, neighbourhood or society are risks for negative emotional and behavioural outcomes and hence the importance of parenting at this stage. This study set out to assess the role of parenting and its impact on the behavioural and emotional concerns among adolescents.

**Method:** A cross sectional study design was adopted, convenient sampling method was used to select the schools, random sampling of the streams to get the participants in Nairobi County (Kenya). Self-report questionnaires were used: Parental Authority Questionnaire (PAQ) measured Perceived parenting styles and Strengths and Difficulties Questionnaire (SDQ) measured development of emotional and behavioural problems in a total population of 306 adolescent students.

**Data Analysis:** Data was analysed using SPSS version 23 and presentation of data was done by use of frequency tables, bar charts, pie charts.

**Results:** The most prevalent parenting style was authoritative parenting style (60.6%) with a mean of 35.3 (SD 7.2), followed by authoritarian (48.3%) with a mean of 33.4 (SD 6.8) and least permissive parenting style (5.5%) with a mean of 23.9 (SD 6.1). The most

prevalent emotional and behavioral problem was conduct problems (18.3%), Emotional problems were (12.9%), Hyperactivity 2.37%, peer problems 10.5% hence a total difficulty of 9.7% hence impact score of 43.7% as much as prosocial was 3.7%. Participants with authoritarian parents had significantly higher levels of total difficulties ( $p=0.044$ ), authoritative parenting style had significantly low levels of total difficulties ( $p=0.000$ ) and no significance for permissive parenting style. Socio demographics significantly associated were self-employed ( $p=0.024$ ) with lower levels of difficulties and widowed or divorced (others) parents to respondents had significantly higher levels of total difficulties as compared to those who were married ( $p=0.001$ ). Participants with authoritarian parents had significantly higher levels of behavioral and emotional problems. Those with authoritative parenting style had significantly lower levels of behavioral and emotional problems.

**Data Analysis:** Data was analysed using SPSS version 23 and presentation of data was done by use of frequency tables, bar charts, and description.

**Conclusion:** This study suggests that participants with authoritarian parents had significantly higher levels of behavioral and emotional problems while participants with authoritative parenting style had significantly lower levels. Parenting styles as key indicators for emotional and behavioural problems hence an area to be explored further. The study then guides future research especially in areas of better parenting styles in a way to minimize the emotional and behavioural problems through parenting training in schools and families.

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## **CHAPTER 1: INTRODUCTION**

### **1.0 Background**

#### **1.1. Overview of Adolescence Period**

Adolescence refers to a stage of human development following childhood ages between 10 to 19 years, (WHO, 2016). The aspects of development and growth that happens during this stage, is mainly driven by biological processes that occur at onset of puberty drawing a line to cross from childhood to adolescence. Though it's very well understood what the biological determinants in adolescence are; it is also appreciated that the characteristics of the adolescence stage may vary from one culture to another, socioeconomic situations and time, (WHO, 2016).

Quas, (2014) suggests that becoming an independent adult who can sufficiently rely on him/herself without the support of parents during the adolescent transition which has dynamic, broad and influential challenges in human development. Sweeping and challenging changes occur during the transition ranging from biological, physical, psychological to behavioural domains of functioning. According to Eric Erickson at the fifth stage of child development called Identity versus Role Confusion is where the individual goes through self-identity or role confusion. The primary concern for most individuals at this stage is fidelity particularly to peers who generally become the role models. Ideally, the adolescent is expected to develop identity in gender roles, occupation, culture, religion, and in politics and in later adolescence identity in sexuality (Erikson & Erikson, 1998). This is primarily achieved by developing fidelity meaning that they are able to associate and socialize with others hence avoid the role confusion that may develop if this is not achieved. Role confusion leads to development of identity crisis. This crisis

has emotional, behavioural component, psychological factors and could have some impact on physical development (Schwartz et al., 2011). Studies show that adolescents' challenges range from navigating the mobile world to identifying, dealing with and regulating stress responses to more complex situations around the social world (Quas, 2014). Though it's important to understand that some of these challenges are probably unavoidable to adolescents basically because others have great influence over their decision making process which then impacts through families, society or neighbourhood factors that interplay and in the long run exposes them to negative emotional and behavioural problems. That is why parenting is key at this point to make sure that the child is able to adjust well or if not then suffer the consequences of it (Schwartz et al., 2011).

This study focuses on the family influence and particularly the role of parenting styles and the impact it has on the behavioural and emotional concerns during this period of growth. Parenting is demanding in that it involves various behaviours that single handedly or a combination influence the behaviour of a child. It would be misleading to assess one parental behaviour as independently influencing the behaviour of a child or adolescents and therefore a broader pattern of displayed behaviour is considered when assessing the impact of parenting on adolescents.

It is very crucial to consider the type of family the adolescent is coming from. Families can be broken down into four forms and these include; single parent, nuclear, extended and childless families (Shelton, 2010). The type of family can influence the style of parenting adapted and subsequent behaviour of the adolescent. For instance, in a study that was done to determine the role of family type as an indicator for involvement of adolescents in risky sexual behaviours that resulted in pregnancies, findings showed that adolescents from

single parents' homes were at a higher risk of engaging in sexual intercourse at the age of 15 to 16 yrs. This was more so for adolescents who were born from teenage parents (Bonell et al., 2006). Such behaviours are normally associated with permissive or neglectful parenting styles, while in some cases, authoritarian parenting styles is a risk factor to behavioural and emotional problems, (Trinkner et al., 2012). The study confirms that authoritarian parents are most likely to raise delinquents. On the other hand, nuclear families are associated with consistency which is related to behaviour success ,better communication skills between parents and children-notably even with new technology of internet and mobile phones (Pew Research Centre, 2008). Basically, such outcomes are mostly associated with authoritative parenting styles. Baumrind (1991) opines that the style of parenting is important because it brings out or highlights the different variation in parental behaviour particularly in their attempt to control and socialize their children.

In a study conducted to determine whether parenting had a direct or indirect effect on adolescents' psychological (depression, anxiety and self- esteem) and behavioural problems (delinquency and aggression), the results showed a strong correlation between the two, (Finkenauer, Engels & Bannieista, 2005). The study concluded that parenting, particularly adaptive parenting behaviour leading to the ability of adolescents to develop life skills and responsibilities to cope with life challenges, was directly related to adolescent emotional and behavioural (Finkenauer, Engels & Bannieista, 2005). The study was conducted among adolescents between the ages of 10 and 14 in six high schools in the Netherlands.



The study looked into a wider perspective of parenting styles on adolescent's emotional and behavioural disorders by reviewing literature on 21 studies conducted in 12 countries including United States and the United Kingdom together with some Asian countries. A study by Sangavi, Adams & Reissland, (2015) shows that parenting style greatly determines whether the adolescents would have problems either emotionally, behavioural or in both domains of development. The study also shows that proactive parenting, where parents are actively involved in the lives of their teenage children, where parents track their children, also has positive results with respect to fewer opportunities for emotional and behavioural issues to develop. The main concern for these researchers was get results across cultures and their findings are therefore a picture of one view across many groups of many individuals with different backgrounds (Sangavi, et al., 2015). It however notes that the reviewed studies revealed inconsistency of results due to methodology flaws and hence it recommended further studies on the same.

Similarly studies documented across Africa include;

In a Nigerian study done among adolescents in the central educational zone of Cross River State; besides finding that parental styles influenced adolescent behaviour, the study also found that close relationships between parents and adolescents helped in the reduction of conduct disorders, family conflict brought about by poor adolescent behaviour, depression, worrying, anxiety and aggression in the adolescent (Anake & Ada, 2015).

In South Africa, studies also show the association between parental style and adolescent behaviour. In a study that looked into the predictive aspects of parenting styles particularly between fathers and mothers, it was found that regardless of the style of parenting exhibited

by both genders, they did impact the behaviour of the adolescents (Rinaldi & Howe, 2012). The study linked the difference between mother and father parenting style to family parenting style typologies and adolescent outcomes.

In Kenya, published studies mainly focus on the impact of parenting styles on academic performance (cognitive development) in school. However one study was done to understand how parenting styles influenced the growth and development of a toddler (Rinaldi & Howe, 2012). All these referenced studies in this paper indicate direct influence of parenting on the named aspects of development. Clearly, there is inadequate empirical data on the association between parenting styles and development of emotional and behavioural problems in adolescence here in Kenya.

It is however important to acknowledge the fact that parenting style does not independently affect the emotional and behavioural development of an adolescent and indeed for any impact to be observed then; there are other factors like genetics and parental psychopathology that can greatly impact how well an adolescent can adjust in these two aspects of development (McLeod et al., 2007). Previous meta-analytic studies showed that parenting accounts for a much smaller proportion of the variance in child and adolescent psychological problems—less than 6% of the variance in externalizing problems, where 4% of the variance in anxiety, and slightly higher variance for depression at 8% (Steinberg, 2000). Thus, McLeod et al. (2007), indicate that parenting predisposes children to emotional and behavioural related problems based on the behaviour adopted. However; given that these variables are all correlated, it is unclear if and how each may uniquely influence offspring maladjustment.

That said; nevertheless, the importance of this connection between parenting and emotional and behavioural problems in adolescence cannot be understated, this study seeks to assess the impact of perceived parenting styles on the adolescents' development of emotional and behavioural problems in Nairobi County.

## **1.2 Problem Statement**

Adolescence being a transitional period where an individual experiences physical, cognitive, emotional and psychological development, is usually marred with feelings of tension between dependency on their parents and the need to break away from the parents (Quas, 2014). Normally adolescents' experience this conflict during identity crisis brought about by lack of development of fidelity that leads to emergence of role confusion (Erikson & Erikson, 1998). During this stage of development tension builds and then leads to emotional problems forinstance depression and anxiety and behavioural problem forinstance aggression and conduct disorder, increase as friends are continuously valued more hence impart more influence on the adolescents; more often influences that could be in opposition to parents' values. These changes make parenting a daunting task in adolescence but at the same time a critical component of well adjustment in this stage of development. Basically, negative or positive adjustment in adolescents is primarily dependent on the parenting style that is employed at home.

However, despite the fact that there is an increasing rate in prevalence and incidence of emotional (depression, anxiety) and behavioural problems (conduct disorder, aggression) amongst adolescents in Kenya (Harder, et al., 2014 & Magai, Malik, & Koot, 2018); there is a gap in knowledge caused by lack of evidence based research about perceived parenting styles and how they affect the emotions and behaviours of adolescents in Kenyan schools.

The focus is how the adolescent view the type of parenting they have had. The study therefore attempts to address the gap by assessing the relationship between perceived parenting styles as per Baumrind theory (1967, 1991) and the development of emotional and behavioural disorders among the adolescents in Nairobi County.

### **1.3 Study Objectives**

#### **1.3.1 Broad Objective**

The main objective that guided the study was to assess the relationship between perceived parenting styles and emotional and behavioural problems in adolescence

#### **1.3.2 Specific Objectives**

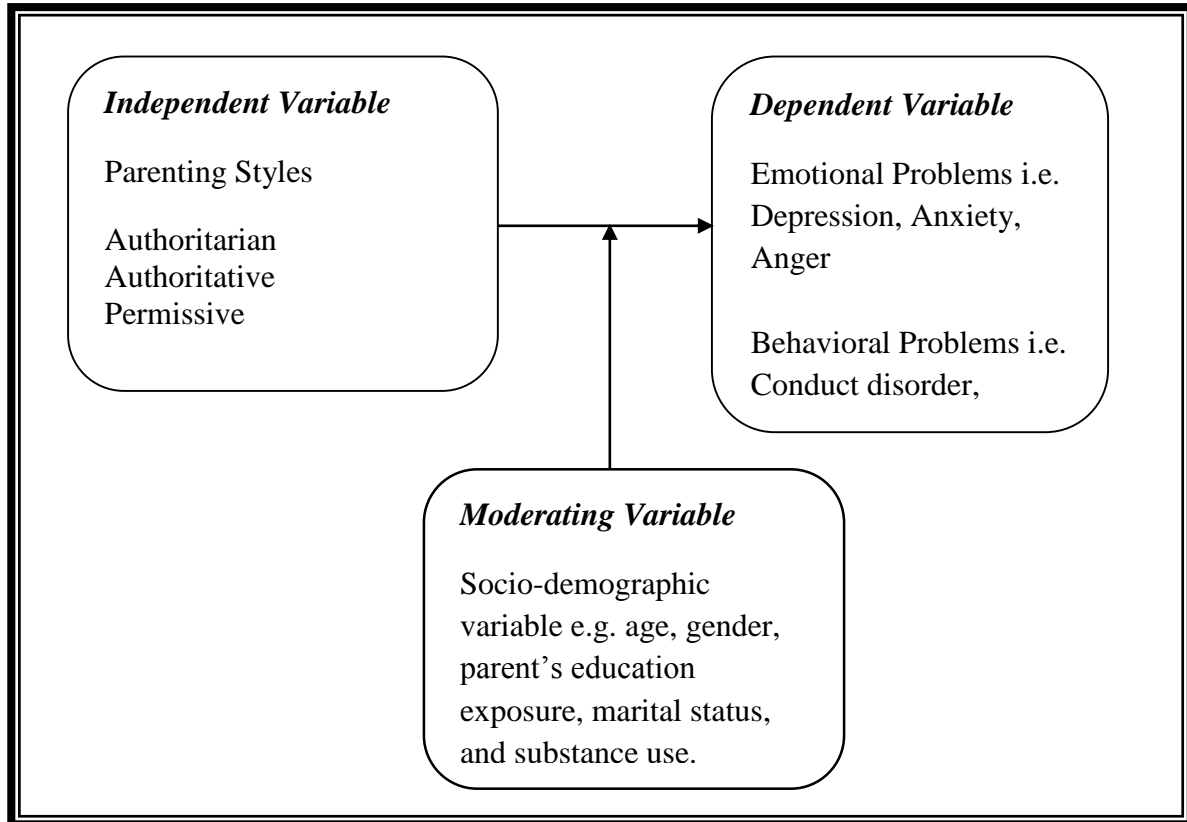
- i. To determine the prevalence of perceived parenting styles as observed by adolescents in Nairobi County.
- ii. To find out the prevalence of emotional and behavioural problems among the adolescents in Nairobi county.
- iii. To determine the association between socio-demographic factors of the adolescents and the perceived parenting styles.
- iv. To assess the association between the perceived parenting styles and emotional and behavioural problems among adolescents in Nairobi County.

### **1.4 Research Questions**

- i. What is the prevalence of perceived parental styles as observed by adolescents in Nairobi County?
- ii. What are the existing emotional and behavioural problems among the adolescents in Nairobi County?

- iii. Is there an association between socio-demographic factors of the adolescents and the perceived parenting styles
- iv. Is there an association between the perceived parenting styles and emotional and behavioural problems among adolescents in Nairobi County?

### 1.5 Conceptual Framework



*Figure 1.1: Conceptual Framework Showing Possible Relationship between Variables  
Author: Kagoya Martha 2018*

### 1.6 Rationale of the Study

The prevalence and incidence of emotional and behavioral problems among adolescents in Kenya has increase and will not stop, particularly if the problem is not curbed. (Harder, et al., 2014; Dorcas, Magai et al., 2018). There is a connection between perceived parenting style and the genesis of escalating emotional and behavioral issues such as deviant behavior

in childhood and adolescence, (Casey et al., 2015; Haller & Chassin, 2011; and Lac & Crano, 2009). Research have shown that parenting can affect teenagers either positively or negatively, and the negative effects are characterized by emotional and behavioral problems. For example, a study carried out in Pakistan to recognize emotional and behavioral problems associated with adolescent parenting styles found that authoritarian parents were strongly associated with negative relationships and subsequent behavioral problems. On the other hand, authoritarian and permissive parenting were correlated with different problem behaviors for both mother and father separately and together. The study also found that strict parenting was associated with reduced problems, whereas authoritarian and permissive styles were significant predictors of emotional and behavioral problems. (Rizvi & Najam, 2015). Such knowledge is lacking in Kenya and that means blaming the adolescents for behavioral issues which could have been corrected early in life through parenting and parents being psychoeducated on the best parenting styles to adopt for raising children with minimal psychological and behavioral problems.

### **1.7 Importance of the Study**

Parenting is a challenge especially for parents dealing with adolescents, and lack of published data supporting this view is a major concern in Kenya. This research would contribute to the available literature on parenting methods and the development of adolescent emotional and behavioral problems in Nairobi County. The study identified parenting styles that are correlated with the outcomes of emotional and behavioral problems in Nairobi County that are important for adolescent adjustment.

The study could be important in terms of policy change for schools in Nairobi County and the country as it can direct school management in assessing the relationship between perceived parenting styles and the creation of emotional and behavioral problems in schools and in providing adequate parenting training and referral in hospitals such as Kenyatta National Hospital.

## **CHAPTER 2: LITERATURE REVIEW**

### **2.1 Theoretical Framework**

#### **Baumrind Pillar Theory**

The study is based on the Baumrind's pillar theory (Baumrind, 1967). This theory identified four dimensions of parent- child interactions which in turn reflect or determine the types of responsiveness and control the parent can exhibit. Baumrind through her observation of parent- child interactions, concluded that the responsiveness and control a parent has or shows to a child reliably predicts the child's social, emotional and cognitive functioning (Baumrind, 1967). This impacts the child's behaviour even into adolescence.

In that respect, based on her social development and parenting style ideologies, she identified three parenting styles which were; authoritative, authoritarian and permissive styles. Later, incompetent and egalitarian forms of parenting were applied to parenting theories. Baumrind (1967, 1991) suggests that the theory of parenting styles is important because it illustrates the different parental behavior variations particularly in their attempts to control and socialize their children. These parenting styles are differentiated on the basis of acceptability and responsiveness in parental behavior, on the one hand, and on the other, the level of parents ' demand for and control of their children. For instance:

1. Authoritative parenting style-" This parenting style is rich in warmth and control, while emphasizing that a parent justifies communication (Knox & Schacht, 2007).
2. Authoritarian parenting requires controlling and demanding parents. There is also very little independence, but they are directives and less receptive to the needs of their children. Authoritarian parents are split into two groups: non-authoritarian and



authoritarian. Non-authoritarian parents do not yet use their parental power to be invasive or tyrannical, whereas authoritarian parents tend to be highly intrusive and autocratic in parenting their children (Gould & Martindale, 2009).

3. Permissive style of parenting refers to a model in which parents are more open to the influence of their children. It is said to be a gradual kind of parenting style in which parents practice leniency. It also has a lower level of tension (Gould & Martindale, 2009).
4. Neglectful parenting refers to a style where the parents make very few demands, they are less responsive and basically detach themselves from their children's lives (Cherry, 2011).
5. The democratic parenting the parent understands that the child is an autonomous being with rights. Generally in democratic parenting, democracy is valued and there is a democratic process in decision making in the family. It is about ensuring that one is a good parent while ensuring that decisions that are made are for the good of the children (Baumrind, 1991).

## **2.2 Predominant Perceived Parenting Styles**

Previous studies done to determine predominant parenting styles among different groups of individuals have found that the parenting styles adopted in certain countries is largely dependent on the social-political system. These studies identify culture as key in the structuring of parental practices and hence may differ across different groups of individuals (Dwairy et al., 2006; Chiew, 2011). For instance a study done in the late 1990s in Ethiopia indicated that mostly Authoritarian parenting style was predominant in the country, another study that was done in Vietnam that was based on adolescent perception concluded the

same with regards to parenting styles exhibited by their parents (Zelege & Tadesse, 1998; Nguyen, 2008). In Palestine studies showed that generally white people practice authoritative parenting style (Damon & Lerner, 2006) while Palestinian parents were found to be authoritarians and permissive (Dwairy et al., 2006).

Though the concept behind the development of different parenting styles still rely greatly on culture, recent studies show that parents' views on parenting have changed considerably and other factors like education and exposure now come into play when raising children. With today's changing views not only on the physical well-being of the child, but also on the psychological well-being, the pressure on parenting has increased because of the perceived assumption that parenting impacts the emotional and behavioural outcomes of the child.

According to a study in Ireland which sought to determine parent's perspective of their parenting styles, found that most of them adopted the authoritative style of parenting (Harpenny, Nixon & Watson, 2010). Basically, this was characterized by high scores on warmth, higher levels of control and being involved in their children's. Authoritarian parents were found to employ induction and reasoning as opposed to democratic participation in decision making. Still within this parenting style, the parents also scored higher on verbal hostility and non-punitive scales (Harpenny, Nixon & Watson, 2010). The study involved 1353 parents between the ages of 21 to 69 years old who were mostly married.

In another study that was done to investigate the effect of parenting styles on children's emotional and behavioural problems with a primary focus on cross cultural levels among Muslim Children in the United States, it was established that most Muslim fathers practiced authoritative parenting styles while Muslim mothers practiced authoritarian parenting styles (Rosli, 2014).

In a study that just looked at the perception of parenting styles in South Africa, it was established that indeed these styles varied based on the ethnic groups the respondents came from (Roman, Makwakwa & Lacante, 2016). The study established that the most predominant parenting style was the mothers' authoritative style which was generally found to be shared or cutting across groups. The contrary was reported for the fathers' choice of parenting styles which were found to be different across the groups. The study involved 746 respondents whose mean age was almost 21 years (Roman et al., 2016).

In Kenya, a study was done to determine the different parenting styles which parents engaged in while parenting students of public boarding secondary schools in Kiambu East District. The findings determined that the predominant parenting style was authoritative although the researcher also noted that a significant number of parents were also authoritarian and permissive (Maigallo, Mbugua, & Ngugi, 2015). Similar results were reported from a study that was carried out in Kisauni Mombasa County (Ashiono, 2013). Though the study participants were pre-schoolers it was determined that parenting styles affected their academic performance; it was established that the most predominant parenting style was authoritative parenting style with 67% of the parents indicating so and slightly above 20% indicating that they were authoritarian. Only 13% of the parents were permissive. This study also didn't assess for the neglectful parenting style (Ashiono, 2013).

It's however important to note these findings on parenting styles that are adopted are based on parent assessment of their own behaviour. Therefore, the likelihood that the information may be mostly subjective and biased is high. This current study looks at the parenting styles based on the adolescents perception or perspective.

### **2.3 Emotional and Behavioural Problems in Adolescence**

Studies indicate that a large number of adolescents go through or develop emotional problems or behavioural problems or both. For instance, a study that was carried out in Chandigarh, Union territory in India to determine the prevalence of emotional and behavioural problems among adolescents found that 30 % of the adolescents were diagnosed with various problems (Pathak et al., 2011). It was also noted that more girls than boys were affected in this respect. Almost 29% of the adolescents were also noted to have internalizing syndrome (Pathak et al., 2011).

In a similar study that was carried out in a different part of India- Srikakulam district of Andhra Pradesh- determined that a tenth of the adolescents had emotional and behavioural problems. The total number of the adolescents was 343 and thus 34 students were reportedly having emotional and behavioural problems. Contrary to the previous study that was reviewed; more boys than girls were found to be having these problems. Other socio-demographic factors such as schools they attended had no impact on the results (Rao & Raju, 2012).

In Nigeria a study was done, it sought to investigate the behavioural problems that adolescents had in high school, it was established that a number of youths were dealing with various behavioural problems (Chinawa et al., 2014). The researchers found that a

number of students were smoking tobacco, number ranging from 3.14%- students who had smoked 3 to 5 times within the month; and 3.4% -students who had smoked 5 to 9times within the month. 2.49% of the students reportedly engaged in premarital sex and which could be regarded as risky behaviour. Even more worrying was the fact that 83% of the adolescents had attempted to kill themselves. Notably these adolescents were 15 years old. The researchers note that complete suicides were mostly done by 17yr olds; a reported 30.8% had committed suicide. Finally the study also established that majority of the adolescents who had these behavioural problems were from the upper class (Chinawa et al., 2014). Though this study focused primarily on behavioural problems, it is prudent to note that suicide ideations, pseudo suicide and complete suicides are also indicators of immense or severe emotional problems like major depressive disorders.

A Nigerian study that involved adolescents, their parents and teachers whereby the researcher aimed to determine emotional and behavioural problems among adolescents, while also focusing on defining the associated risk factors; it was established that according to parents; 27.4% of the adolescents had emotional symptoms, 28.2% had conduct disorders, 20.4% were hyperactive, 81.4% had interpersonal relationships problems. As for the self-report issued by the adolescents themselves; 10.0% noted that they emotional symptoms, 10.2% indicated that they had conduct disorders, 18.8% were hyperactive, 14.6% had interpersonal relationships problems. Notably, parents seemed to indicate a higher percentage of the adolescents having emotional and behavioural problems. The adolescents had a fairer outlook on their own behaviours. Though not as high as parents, teachers also indicated a higher percentage of adolescents having emotional and behavioural problems.

This study adopted the Strength and difficulties questionnaire (SDQ) which gave results in those 5 domains of emotional and behavioural problems (Vanchindorj et al., 2017). Several studies have been done in Kenya on emotional and behavioural problems in adolescence. For instance, in a study that was conducted among high school students coming from Olympic and Kamukunji Sub-county mixed High schools, it was established that the prevalence of conduct disorder was 31.4%. The study also indicated that the male students were reportedly having the disorder more than girls (Gitonga et al., 2017 ). In similar study that was done in Kenya but with primary focus on gender and factor structure; it was established that girls had significantly higher emotional problems (internalizing problems) for example depression, anxiety and somatic problems etc. nevertheless the study concluded that adolescents generally had emotional problems. It is well understood that presence of emotional problems are indicative of behavioural problems (Harder et al., 2014).

Though there are a few studies on the same, there is gap of empirical data on the same in Kenya and therefore this study seeks to determine the prevalence of emotional and behavioural problems among adolescents in Kenya.

#### **2.4 Association between the Perceived Parenting Styles and Emotional and Behavioural Problems among Adolescents**

There has been a great focus on parenting having effects on their children has attracted substantial research attention for researchers keen in the development of emotional and behavioural problems particularly deviant behaviour in childhood and adolescence, (Casey

et al., 2015; Haller & Chassin, 2011; and Lac & Crano, 2009). Studies have demonstrated that parenting can either have positive or negative influences on adolescent adjustment and mostly negative influences being development of emotional and behavioural problems. For instance; in a study that was conducted in Pakistan that aimed to determine the emotional and behavioural problems associated with parenting styles in among adolescents, findings showed that authoritative upbringing of both parents was significantly associated with negative relationships and subsequent problem behaviours. On the other hand authoritarian and permissive parenting styles covering mothers and fathers separately as well as together was associated with different problem behaviours. The study further established that authoritative parenting was associated with reduced level of problems while authoritarian and permissive styles were significant predictors of emotional and behavioural problems (Rizvi & Najam, 2015). The study involved 300 adolescents aged between 13 to 17yrs from both private and public schools. The study only assessed three parenting style which included authoritative, authoritarian and permissive parenting styles.

In Nigeria, another study which also was done to determine the role of parenting styles on adolescent delinquency also suggests that parenting is very key in this regard. The study was carried out in the Delta central Senatorial district of Nigeria among 404 adolescents. The findings were that uninvolved parenting style (*laisser-faire*) was found to predict delinquency while authoritarian and authoritative were found not to predict delinquency. Parents who were demanding and more responsive to their adolescents needs were found to breed social competency and goal oriented behaviour in the adolescents. The most positive behaviours among adolescents was associated to Parents whose style of parenting

promoted self-autonomy but still exerted control and followed closely on their adolescents activities.

According to Okorodudu (2010), uninvolved or non-responsive parents (particularly to adolescents needs) were predicted to be breed negative behaviour in the adolescents. Still on behavioural problems, a study by Haller and Chassin, (2011) sought to know if negative parental psychopathology of addiction, affective disorders, family problems, and parenting had an impact on adolescents showing maladaptive behaviour. Participants were identified from familial alcoholism group, and the results indicated that maternal negative affect increased the likelihood of the adolescent females having internalizing symptoms and all children's negative emotionality (Haller & Chassin, 2011).

In Kenya a study was done to determine the influence that parenting has on self-esteem among adolescents in Nairobi County; it was established that indeed parental behaviour was statistically significant when associated with levels of self-esteem (Gitonga, 2013). This study reference is important for our study as it directly touches on emotional development of the adolescent.

A study looking at the relationship between perceived parenting behaviour and parental psychiatric disorders and depression in youths in Nairobi, also reported similar results. The study findings reports an association between major depressive disorders and presence of other disorders like conduct disorders. Basically the findings imply that the emotional and behavioural problems co-manifest in the same individual. The same is noted for anxiety disorders, substance abuse and suicidal behaviour. The study findings mostly indicate that



adolescents aged between 16 and 18yrs were the most affected. With regards to causation, it is reported that rejecting maternal behaviour directly influenced these outcomes.

Maternal psychiatric illness i.e. major depressive disorder was also a major predictor. The study involved 250 adolescents purposefully selected from the Youth Centre at Kenyatta National Hospital (Khasakhala et al., 2013). This study highlights the previously mentioned fact that parenting alone doesn't independently influence behaviour but instead a myriad of factors also play a role in this respect. That said, it is evident that there is insufficient knowledge due to inadequate data on the influence that parenting has on adolescents emotional and behavioural development. This study addresses this gap.

## **CHAPTER 3: METHODOLOGY**

### **3.0 Introduction**

The chapter entails research design, target population, sampling design and sample size, data collection, data management and analysis and ethical consideration.

### **3.1 Study Design**

The study adopted a descriptive cross-sectional research design in order to determine the association between perceived parenting styles and the development of emotional and behavioural problems in adolescence students in Nairobi County.

### **3.2 Study Site**

Westlands Constituency is comprised of Westlands Sub-County and was formerly called Westlands District with an area of 72.4km squared. It both the high end suburb areas which are as follows; Runda, Muthaiga, Lakeview, Kisuru and Highridge on one side and the informal settlements such as; Githogoro, Kaptagat, Maasai, Suswa, Kangemi, Deep Sea, Mji Wa Huruma, kibagare. The study was done in two secondary schools in westlands Sub-County covering Highridge in Parklands and Kangemi. Parklands has an area of about 5 kilometers (3.1 mi), by road, northwest of Nairobi's central business district, while Kangemi is an informal environment. It is bordered on the north by the Loresho and Kibagare and Westlands middle-class communities on its west. Kangemi connects with Kawangware on the southern border, another large informal setting and its eastern border connects to Mountain View, another middle-class enclave with over 100,000 residents. It is made up of multi-ethnic slum, with the Luhya tribe being the largest group of residents. There is no sewerage in the slum. Around 20,000 people belong to a Kangemi-based Catholic parish.

The schools of focus were Akiba Secondary school and Highridge Mixed Secondary school. Akiba secondary school is also a mixed high school located in Kangemi. The school is registered as a private school with a capacity of slightly over 400 students. On the other hand Highridge mixed secondary school is a public sub-county school located near the City centre-Nairobi. The total number of students at the school is estimated to be 500. Since the study targets adolescents between the ages of 15 to 18 years in high school, the schools make convenient study sites to reach these group of respondents.

### **3.3 Study Population**

The study targeted a set of both male and female teenagers of the age group 15 to 18 years old. The study was done in two high schools (Akiba Mixed Secondary school and High ridge Mixed Secondary school) that follow the 844 Kenyan system of education. This age group is mostly expected to be in high school as per the Kenyan system. Moreover, at this stage the adolescents' emotions and behaviours can change quickly as teens learn to deal with school, their friends (who are a major influence to them at this stage), and adult expectations (Schwartz et al., 2011 & HealthWise, 2018).

### **Inclusion and Exclusion Criteria**

The conditions guiding the inclusion of study participants included:

- Adolescents between the age of 15 to 18yrs in high school
- Adolescents whose parents or guardians gave consent and adolescents who gave assent

Exclusion criteria included:

- Adolescents whose parents did not give consent
- Adolescents who were below the age of 15yrs or above the age 18 years were included in the study
- Adolescents who did not give assent and those that were absent.

### 3.4 Sample Size Determination

The number of students who fit the inclusion criteria from both schools; summative, are below 1000. The sample size of the students was calculated by adopting Yamane Taro's sample size determination formula below (Yamane, 1967)

$$: n = \frac{N}{1+N(e)^2}$$

*Where n is the sample size of target population needed for the study*

*N is the entire population size of target population*

*e is the level of precision ( error estimate) which is 0.05*

$$n = \frac{N}{1+N(e)^2} = n = \frac{900}{1+900(.05)^2} = 277 \text{ respondents}$$

Therefore, the number of participants that were to be approached to participate in the study will be 277. However, to cater for attrition rate due to the failure of some questionnaires not being filled due to respondents abandoning the study prematurely, 305 respondents were included; therefore the attrition rate is:

$$10\% \text{ for Non-response} = 277 \times 10/100 = 27.7 \text{ i.e. } 28 \text{ respondents}$$

Therefore:  $277 + 28 = 305$  Respondents

**NB:** The ratio of the respondents from both schools is approximately 1: 1; therefore, equal number of respondents will be selected from either school.

This is  $305/2=152.5$  i.e. **153** from Akiba Secondary School and 153 from High Ridge Secondary School and the total sample size used was 306.

### **3.5 Sampling Method**

The sampling techniques that were used for the study were both convenient sampling for the schools due to access as well as low costs while random sampling was used for students/ participants. The study randomly chose two streams from that is form two and form three, each class had four streams that were corded from A-B and again randomly picked two of the streams. Streams A and B were chosen to participate in the study.

### **3.6 Data Collection Procedure/ Recruitment**

The researcher first sought ethical clearance from the Kenyatta National Hospital and University of Nairobi Ethics Review Committee (KNH/UoN) before starting data collection. Ethical approval, Ref: KNH-ERC/A/74 (P500/07/2018) was given. The schools were chosen through convenient sampling method, and specific schools were then approached through the Principle/ Head teacher to seek permission to conduct the study. The study purpose was explained to the Principles, Head teachers and teachers which then guided on proceeding with the study. A day was set so that students are taken through the study purpose, and adolescents under 18 years were given the consent forms to take to their parents allowing that they participate, a day was set when the study will be conducted as students are reminded to bring back their consent forms from their parents. The students were offered the consent forms to sign, those who did not want to participate were excused

and those who signed were given questionnaires to complete. Those who still felt like they could not continue were excused and later the questionnaires were collected, compiled the list and coded sheets then later kept in a safe lockable cupboard to maintain confidentiality.

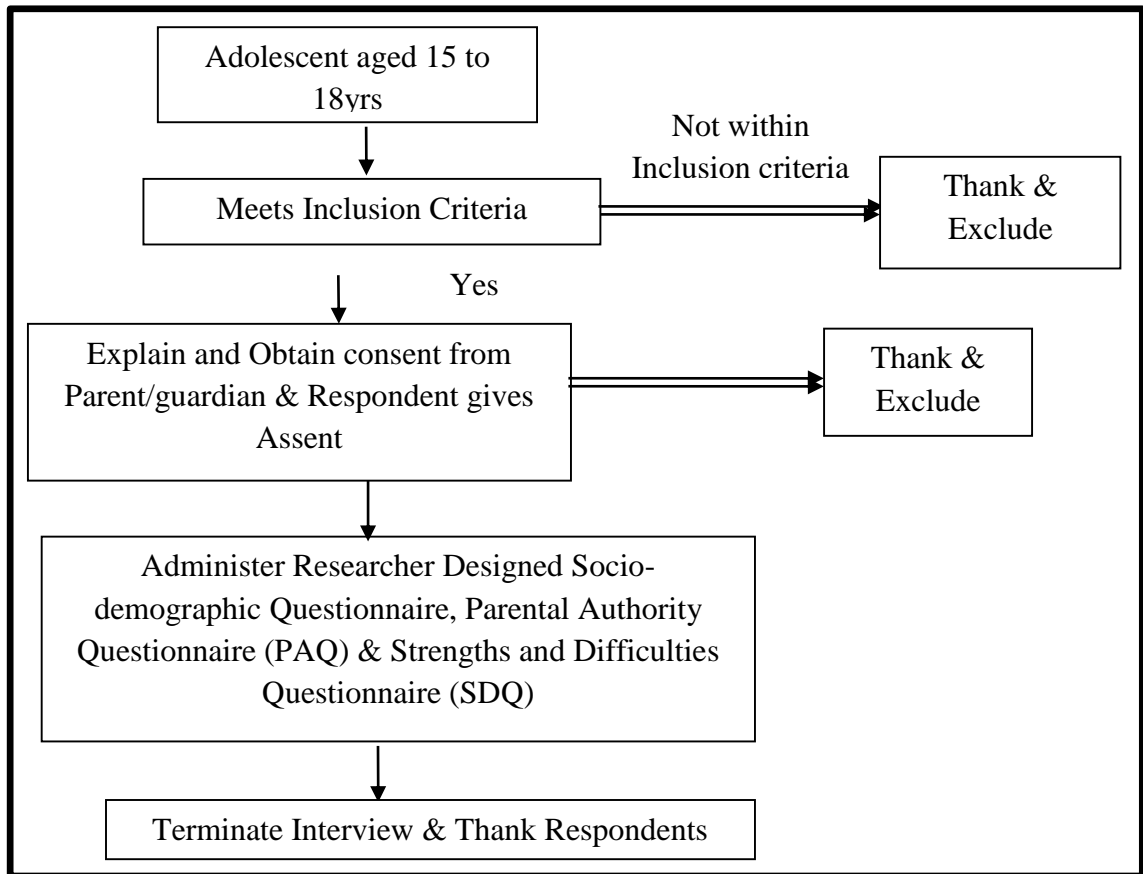


Figure 3.1: Flow Chart for Data Collection Process

*Author\_ Martha\_2018*

### 3.7 Study Instruments

To collect the data, the analysis used the following three instruments. The first instrument was the questionnaire developed by the researcher which captured respondents' socio-demographic factors followed by the Questionnaire of the Parental Authority (PAQ), which measured perceived parenting styles. It tests the permissive, authoritarian, and authoritative

parental authority models of Baumrind (1971) and consists of 30 things per parent and yields permissive, authoritarian, and authoritative scores for both mother and father. The ratings are extracted from the tests based on the authority of the parents' individual adolescent experience.

Many research, according to Buri (2010), endorsed the Questionnaire of the Parental Authority as psychometrically sound and a reliable measure of models of Baumrind's parental authority, in particular measuring parental permissiveness, authoritarianism, and authoritarianism. The PAQ is easily scored by summing up the individual items for the sub-scale scores, where the sub-scale scores range from 10 to 50. PAQ was also commonly used in similar studies by Thembakazi et al (2016), in South Africa, where results showed that maternal parental authoritative style is the most prevalent across and within groups with significant differences between and within groups. On the other hand, the parenting style of the fathers in three ethnic groups was significantly different, while the parenting styles of the mothers were not significant across the ethnic groups. The PAQ tool has also been translated for easy translation into Kiswahili.

The third instrument used for the analysis was Robert N. Goodman's (1997) Strengths and Difficulties Questionnaire (SDQ). The tool screens children and youth for emotional and behavioral problems. This consists of five sub-scales, calculated using five items. The sub-scales are defined as; sub-scale psychological symptoms, conduct problem scales, sub-scale hyperactivity / inattention, sub-scale problem peer relationships, and eventually pro-social subscale. Yao, et al. (2009) reports that the internal consistency of the SDQ is high and has provided a good reliability of research and evaluation. The tool's simultaneous validity is also strong, as Muris, Meesters and Van Den Berg (2003) have noted. The

findings showed that the attachment increases the susceptibility of male adolescents to develop psychological problems if they experience poverty and other adverse socio-economic challenges, according to a study done in Kenya where the SDQ tool was used.

*Table 3.1: Strengths and Difficulties Questionnaire Scoring*

Self-Completed Questionnaire	Normal	Borderline	Abnormal
Total difficulties score	0-15	16-19	20-40
Emotional Problem Score	0-5	6	7-10
Conduct Problem Scores	0-3	4	5-10
Hyperactivity Problem Scores	0-5	6	7-10
Peer problem Scores	0-3	4-5	6-10
Pro-social score Problem Scores	6-10	5	0-4
Impact score Problem Scores	0	1	2-10

### **3.8 Data Management/Storage and Data Analysis**

The questionnaires were validated to check for incompleteness and necessary adjustments made. Quantitative data was coded then cleaned before entry into Statistical Package for Social Science (SPSS) for analysis. Appropriate descriptive analysis was done for socio-demographic variables, parenting styles and SDQ and produced frequency distribution tables and charts. Scores of respondents in each item was pooled to give overall mean score and then converted to percentages for clearer interpretation. Data was further analyzed for Chi-square tests, ANOVA and Independent samples t-tests in order to compare the socio-demographic, parenting and SDQ scores at the bivariate level. Variables with a P-value less than 0.2 at the bivariate level was further analyzed for generalize linear models using identity link function and produced associated factors with parenting styles and SDQ scores after adjusting for potential confounders. Adjusted odds ratio with its 95% confidence



interval was calculated to report the strength and significance of the association. All tests were two sided and statistical significance was declared at  $P < 0.05$ .

### **3.9 Ethical Consideration**

Ethical approval was received, Ref: KNH-ERC/A/74 (P500/07/2018). Permissions were sought from County of Nairobi and School Administrations. Consent and assent was given by parents/guardians and students respectively clearly indicating explanation about the research objectives and the benefits of the study which will be first and foremost the realisation that some of the participants could be suffering from undiagnosed emotional and behavioural problems. This is important as identified respondents through the safe records list can access treatment for the disorders e.g. depression, ADHD, Conduct problems, through referral to Youth Centre where services are free at Kenyatta National Hospital. The other benefits are in future which such as adding to the available literature and promote parenting training programs and preventative approaches in school awareness campaigns.

There was a development of emotional distress that evoked grief. Suicidal cases among the students especially those who could be suffering from emotional and behavioural disorders were managed since the researcher is a psychologist. The child that was reminded of the words of his mother telling him to take care of his siblings and later died had to be counselled immediately and handed over to the school counsellor in order to manage the grief. They are able to understand that the externalizing behaviour was a way of hiding his emotion and was successfully managed. The cases that scored borderline and abnormal were discussed with school administration for referral to Kenyatta National Hospital particularly at the youth centre which offers youth friendly services. Parents of these cases

were invited for therapy and training at the referral hospital. Otherwise there were no physical risks anticipated from participating in the study. Once the respondents agreed to participate, they were assured of confidentiality and anonymity and no names were recorded anywhere on the tools but instead, codes were used but rather a separate form for the researcher was created to track those that needed referral. During the research; objectivity was upheld, this helped to avoid bias in the study findings. No compensation was offered for participating in the study however the researcher acknowledges that some respondents were found to be suffering from the emotional and behavioural problems and in such cases then referral to KNH for psychiatric evaluation and psychotherapy was done. The parents were offered parenting classes at the center. For the students that were suicidal, there was duty to warn that was practiced where the researcher informed the parents and then made the necessary referrals. The participants were informed that there were no physical risks anticipated from the study. Training for the teachers in assessment was done to ensure that such students can get early assistance.

## CHAPTER 4: RESULTS

### 4.1 Introduction

This chapter will cover the results from the study conducted in the schools.

#### 4.1.1 Response Rate

The response rate of the study: The total number of participants was 306, with gender the majority of the participants were females 77.1%, aged 15 years 36.2%, and respondents with married parents 66.2%. In terms of education level majority of the participants' parents had attained secondary level education (35.1%) followed by University level education (30.8%) and lowest primary and below (16.1%). More than half (60.6%) had parents who were employed and alcohol use among the participants was less than 3%.

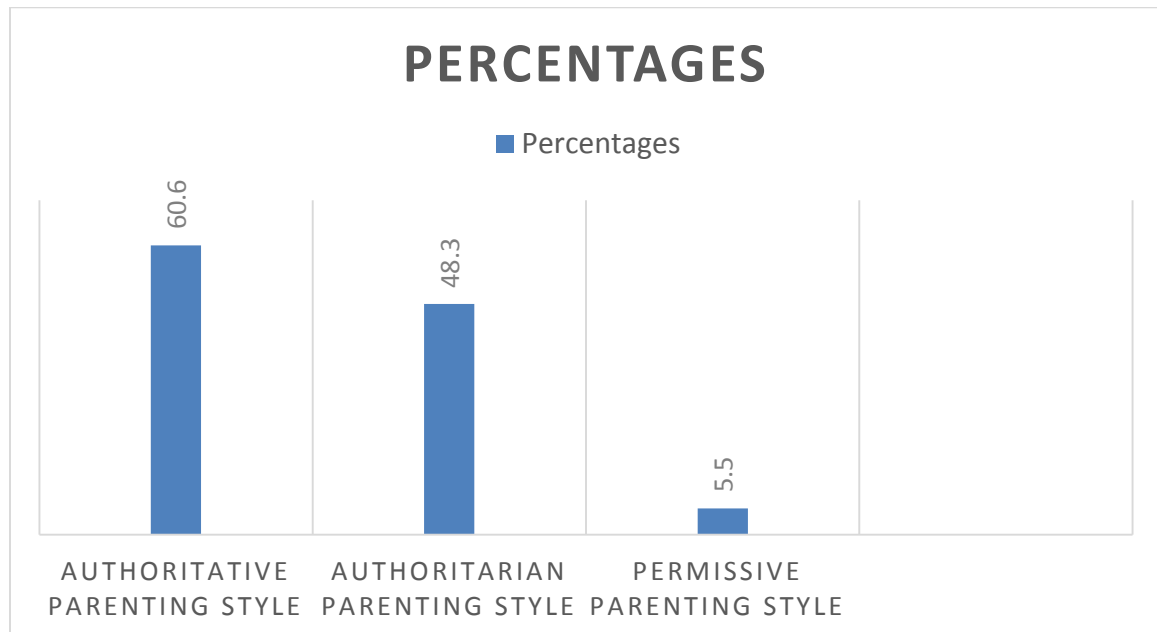
### 4.2 Social Democratic Characteristic

*Table 4.1: Social democratic characteristics*

Variable	Category	Frequency (N=306)	Percentage (%)
Gender	Male	70	22.9
	Female	236	77.1
Age	15 years	109	36.2
	16 years	91	30.2
	17 years	62	20.6
	18 years	39	13.0
Parent Marital Status	Single	79	26.4
	Married	198	66.2
	Others (Widowed/ divorced)	22	7.4
Parents education level	University education	92	30.8
	Tertiary College	54	18.1
	Secondary School	105	35.1
	Primary and Below	48	16.1
Parents employment status	Employed	183	60.6
	Self employed	79	26.2
	Unemployed/student	40	13.2
Use of Alcohol (Parent)	Yes	16	5.3
	No	287	94.7
Use of Alcohol (Student/child/Self)	Yes	7	2.3
	No	295	97.7

### 4.3 Prevalence of Parenting Styles

The mean, median and standard deviation of prevalent parenting styles showed that most of the adolescents' parents were authoritative flexible with a mean of 35.3 (SD 7.2) followed by authoritarian mean 33.4 (SD 6.8) and permissive parenting style mean 23.9 (SD).



*Figure 4.1: Prevalence of Parenting Style*

The above Bar graph represents the Prevalence of parenting styles, in terms of prevalence more than half (60.6%) had parents who were authoritative flexible followed by authoritarian (48.3%) and least permissive parenting style (5.5%).

### 4.4 Prevalence of Emotional and Behavioural Problems

The mean, median and standard deviation of different domains of the Strengths and Difficulties Questionnaire (SDQ) showing a mean of 1.94 (SD 2.41) impact score, emotional problems mean 3.65 (SD 2.40) and conduct problems mean 3.18 (SD 1.67),

hyperactivity mean 2.33 (SD 1.91), peer problems mean 2.97 (SD 1.94), and a good number of respondents had a good level of prosocial behaviour mean 8.33 (SD 1.85).

Table: Prevalence of EBP using SDQ.

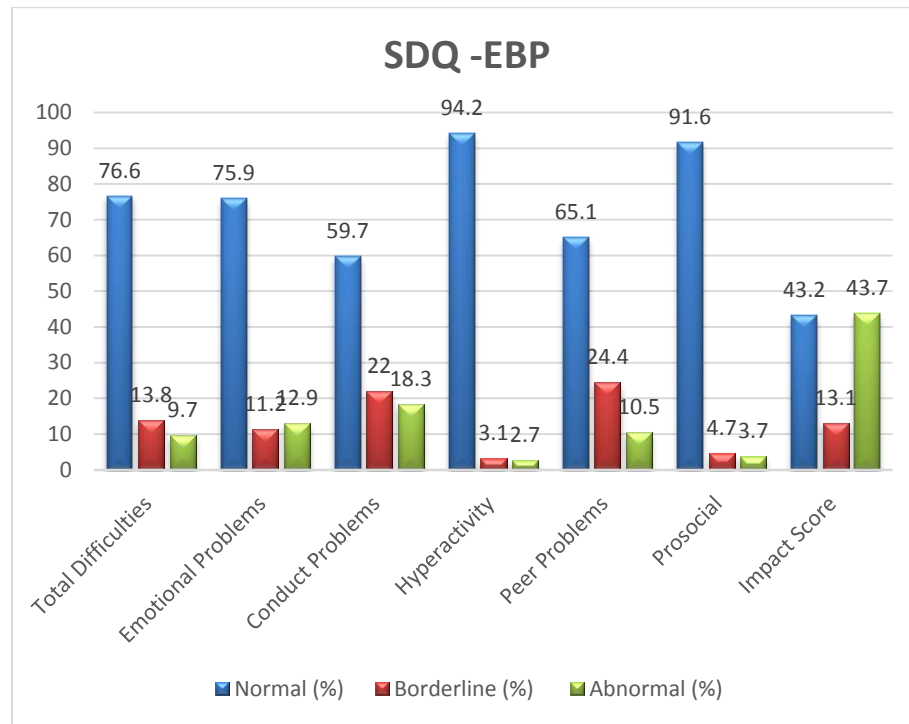


Figure 4.2: Prevalence of emotional and behavioural problems - SDQ-EBP

Figure 2 shows the prevalence of SDQ indicating emotional and behavioural problems based on different cut off points suggested by Robert Goodman. The majority of the students had highest occurrence of emotional and behavioural problems was conduct problems 18.3%, followed by emotional problems 12.9%, peer problems 10.5, total problems 9.7% . On the positive side a good number of students had prosocial functioning which is a strong point. In general these problems had an impact of 43.7% among the respondents.

#### 4.5 Association between Socio-demographic Factors and Parenting Styles

**Permissive:** There was a significance as males were likely to have permissive parents with mean 26.8 (SD 6.6) and significance of p-value ( $p < 0.001$ ) compared to the females mean 23.2 (SD 5.8).

##### 4.5.1 Permissive Parenting Styles

Table 4.2: Permissive Parenting Styles

Variable	Category	N	Mean	SD	t	d.f	Sig.
<b>Gender</b>	<b>Male</b>	<b>62</b>	<b>26.8</b>	<b>6.6</b>	<b>4.22</b>	<b>290</b>	<b>&lt;0.001</b>
	Female	230	23.2	5.8			
<b>Use of Alcohol Parent</b>	Yes	14	25.9	5.6	1.26	289	0.208
	No	277	23.8	6.2			
<b>Use of Alcohol Self</b>	Yes	7	26.6	4.8	1.20	287	0.230
	No	282	23.8	6.1			
<b>Age</b>	15	108	23.2	6.2	1.14	3	0.333
	16	90	24.8	6.5			
	17	57	23.6	5.3			
	18	32	24.2	5.9			
<b>Marital status</b>	Single	74	23.7	6.8	1.75	2	0.176
	Married	191	24.3	5.8			
	Others	21	21.8	4.6			
<b>Education level</b>	University	92	23.9	6.0	0.08	3	0.973
	Tertiary College	53	23.7	6.2			
	Secondary School	99	24.2	5.8			
	Primary and Below	43	24.0	7.2			
<b>Employment Status</b>	Employed	173	23.5	5.2	0.98	2	0.376
	Self Employed	78	24.4	7.3			
	Unemployed	38	24.5	6.9			

**Authoritarian:** The older the respondent the more likely they had authoritarian parents 17 year olds had a mean of 33.1 (SD 7.6) while 18 year olds had mean 31.9 (SD 7.4) and significance of  $p = 0.021$ .

## 4.6 Authoritarian Parenting Style

Table 4.3: Authoritarian Parenting Style

Variable	Category	N	Mean	SD	t	df	Sig.
<b>Gender</b>	Male	64	33.0	6.7	-0.60	295	0.551
	Female	233	33.5	6.8			
<b>Use of Alcohol Parent</b>	Yes	16	31.1	5.8	-1.40	293	0.163
	No	279	33.6	6.8			
<b>Use of Alcohol Self</b>	Yes	7	29.0	4.0	-1.75	291	0.082
	No	286	33.5	6.8			
Variable	Category	N	Mean	SD	F	df	Sig.
<b>Age</b>	15	109	35.0	6.0	3.31	3	<b>0.021</b>
	16	90	32.5	6.3			
	<b>17</b>	<b>59</b>	<b>33.1</b>	<b>7.6</b>			
	<b>18</b>	<b>34</b>	<b>31.9</b>	<b>7.4</b>			
<b>Marital status</b>	Single	75	32.5	7.9	1.52	2	0.221
	Married	194	33.5	6.0			
	Others	21	35.2	8.4			
<b>Education level</b>	University	92	33.6	6.0	0.57	3	0.637
	Tertiary College	53	34.1	6.8			
	Secondary School	102	32.8	7.7			
	Primary and Below	44	34.0	6.1			
<b>Employment Status</b>	Employed	177	33.1	6.3	0.56	2	0.571
	Self Employed	78	33.8	7.0			
	Unemployed	38	34.2	8.6			

### 4.6.1 Authoritative Flexible

There was an association for the following; Respondents' male gender mean 33.5 (SD 7.7) with a significance of  $p=0.023$ , use of alcohol by parent mean 31.7 (SD 9.0) with a significance of  $p=0.043$ , and not using alcohol by self/respondent mean of 35.4 (SD 7.1) significance of  $p=0.022$ , older age mean of 31.7 (SD9.3) a strong significance of  $p<0.001$  and being single mean of 32.7 (SD 8.8)  $p=0.002$ . Therefore the above socio-demographics were significantly associated with authoritative parenting style.

Table 4.4: Authoritative Parenting Style

Variable	Category	N	Mean	SD	t	df	Sig.
<b>Gender</b>	Male	62	33.5	7.7	-2.29	291	<b>0.023</b>
	Female	231	35.8	6.9			
<b>Use of Alcohol Parent</b>	Yes	15	31.7	9.0	-2.03	290	<b>0.043</b>
	No	277	35.5	7.0			
<b>Use of Alcohol Self</b>	Yes	7	29.1	6.8	-2.31	288	<b>0.022</b>
	No	283	35.4	7.1			
<b>Age</b>	15	108	36.7	5.5	7.03	3	<b>&lt;0.001</b>
	16	90	36.5	6.4			
	17	58	33.2	8.3			
	18	32	31.7	9.3			
<b>Marital status</b>	Single	74	32.7	8.8	6.60	2	<b>0.002</b>
	Married	192	36.2	6.1			
	Others	21	35.3	7.9			
<b>Education level</b>	University	92	36.7	6.6	2.18	3	0.090
	Tertiary College	53	35.7	5.3			
	Secondary School	99	34.1	8.0			
	Primary and Below	44	35.0	7.6			
<b>Employment Status</b>	Employed	174	35.3	6.3	0.33	2	0.718
	Self Employed	78	35.6	7.5			
	Unemployed	38	34.4	9.9			

Is there an association between socio-demographic factors of the youngsters and the perceived parenting styles?

#### **Authoritative Flexible**

Those who are young were likely to have authoritative parents. And those whose parents were single were less likely to have authoritative parents as compared to those who are married.



Table 4.5: Authoritative Flexible

Variable	Category	B	S.E	95% C.I		P-Value
				Lower	Upper	
Age	Years	-0.92	0.33	-1.57	-0.27	<b>0.006</b>
Parent Marital Status	Single	-3.49	0.94	-5.34	-1.65	<b>0.000</b>
	Others	-0.50	1.61	-3.65	2.65	0.755
Use of Alcohol (Parent)	Yes	-2.66	1.87	-6.33	1.01	0.155
Use of Alcohol (Child/self)	Yes	-2.19	2.84	-7.75	3.37	0.440

#### 4.7 Socio-demographic Factors Associated with Emotional and Behavioural Problems

Table 4.6: Total Difficulties

Variable	Category	N	Mean	SD	t	df	Sig.
Gender	Male	59	12.4	6.1	0.54	288	0.593
	Female	231	12.0	5.1			
Use of Alcohol Parent	Yes	16	14.0	5.7	1.47	287	0.144
	No	273	12.0	5.3			
Use of Alcohol Self	Yes	7	19.1	5.0	3.61	285	<b>&lt;0.001</b>
	No	280	11.9	5.2			
Variable	Category	N	Mean	SD	F	df	Sig.
Age	15	107	11.3	5.0	4.93	3	<b>0.002</b>
	16	86	12.0	5.2			
	17	60	12.0	4.7			
	18	33	15.2	6.7			
Marital status	Single	74	12.7	5.9	5.40	2	<b>0.005</b>
	Married	189	11.5	4.8			
	Others	21	15.2	6.8			
Education level	University Education	89	11.1	5.1	2.78	3	<b>0.042</b>
	Tertiary College	52	11.2	5.0			
	Secondary School	100	12.7	5.4			
	Primary and Below	44	13.3	5.4			
Employment Status	Employed	174	11.9	5.2	3.33	2	<b>0.037</b>
	Self Employed	76	11.4	5.3			
	Unemployed/Student	37	14.1	5.4			

The results indicated there is an association between parenting forms and emotional and behavioural problems. There was a positive correlation between total difficulties, emotional problems and hyperactivity. However, there was a correlation between permissive parenting forms and prosocial which was negative. In terms of authoritarian parenting style there was a significant negative correlation with hyperactivity and a positive correlation with prosocial ( $p < 0.05$ ). Authoritative parenting style: There is a significant negative correlation between authoritative parenting style and total difficulties, conduct problems, hyperactivity, peer problems, and impact score ( $p < 0.05$ ). However, there was positive correlation with prosocial.

The above table represents the association between Emotional and behavioural problems among socio-demographics. Total difficulties is positively associated with age and level of education and alcohol use. Alcohol use by self, older age, those with parents who were either divorced or widowed, lower education level and unemployed parents had significant higher levels of total difficulties ( $p < 0.05$ ).

#### **4.8 Association between Perceived Parenting Styles and Emotional and Behavioural Problems**

*Table 4.7: Total Difficulties*

Variable	Category	$\beta$	S.E	95% C.I		P-Value
				Lower	Upper	
Age	Years	0.22	0.24	-0.25	0.69	0.357
Parent Marital Status	Single	0.43	0.71	-0.98	1.83	0.551
	Others	3.85	1.19	1.51	6.19	<b>0.001</b>
Parents Employment Status	Employed	-1.52	0.95	-3.37	0.34	0.110
	Self Employed	-2.32	1.02	-4.32	-0.31	<b>0.024</b>
Use of Alcohol (Child/self)	Yes	5.12	1.91	1.37	8.867842	<b>0.007</b>
Permissive	Scores	n/s	n/s	n/s	n/s	n/s
Authoritarian	Scores	0.10	0.05	0.00	0.20	<b>0.044</b>
Authoritative Flexible	Scores	-0.17	0.04	-0.26	-0.09	<b>0.000</b>

The table above reflects the relationship between parenting styles and emotional and behavioral problems. Results indicate a positive correlation between total difficulties, hyperactivity and emotional problems. On the other hand, there is also a significant negative correlation between the permissive style of parenting and the prosocial. The results generated a significant negative correlation with hyperactivity and a positive correlation with prosocial ( $p < 0.05$ ) in terms of authoritarian parenting style.

The results produced a significant negative correlation between authoritative parenting style and total difficulties, conduct problems, hyperactivity, peer issues, and impact score in relation to authoritative parenting style. There has been a positive correlation with prosocial, however. Results show the correlation between parenting styles and emotional and behavioral problems after adjustment for all factors that were significantly correlated at the rate of bivariates ( $p < 0.05$ ).

After adjusting for all other factors students with parents who were authoritarian had significantly higher levels of total problems ( $p = 0.044$ ). Those who had authoritative parenting style had significantly low levels of total difficulties ( $p = 0.000$ ). Respondents with parents who were self-employed were significantly lower levels of difficulties as compared to those who were unemployed ( $p = 0.024$ ). And respondents with parents who were widowed or divorced (others) had significantly higher levels of total difficulties as compared to those who were married ( $p = 0.001$ ).

**Emotional Problems:** After adjusting for all other factors, female respondents with parents who were permissive had significantly higher levels of emotional problems  $p=0.008$ . Respondents with parents who were employed had significantly lower levels of emotional problems compared to those who were unemployed.

**Conduct Problems:** After adjusting for all other factors, age of respondents particularly older age with parents that were authoritative had significantly higher levels of conduct problems  $p<0.001$ . Respondents and parents who were using alcohol had significantly higher levels of conduct problems compared to those were not using alcohol.

**Hyperactivity:** After adjusting for all other factors, respondents with parents who were permissive had particularly younger age had higher levels of hyperactivity ( $p=0.008$ ). Respondents and their parents who were using alcohol had higher levels of hyperactivity problems compared to those who did not use alcohol.

**Peer problems:** After adjusting for all other factors, respondents whose parents were divorced or widowed had significantly higher levels of peer problems compared to those were authoritative and married or single ( $p<0.001$ ). Respondents and parents who used alcohol had significantly low levels of peer problems.

**Pro-social:** After adjusting for all other factors, respondents who were authoritative had significantly higher levels of prosocial aspects ( $p=0.011$ ) followed by authoritarian ( $p=0.201$ ). Respondents whose parents had University education had significantly lower levels of prosocial aspects compared to those with lower education levels.

**Impact Scores:** After adjusting for all other factors, male respondents, young age, and marital status being single or divorced/ widowed had significant higher levels of impact score. However parenting styles were not significant at all.

*Table 4.8: Impact Score*

Variable	Category	$\beta$	S.E	95% C.I		P-Value
				Lower	Upper	
Gender	Male	0.77	0.41	-0.03	3.54	0.060
Age	Years	0.17	0.14	-0.10	1.56	0.212
Parent Marital Status	Single	1.02	0.37	0.30	7.63	<b>0.006</b>
	Others	0.95	0.61	-0.24	2.47	0.116
Authoritative Flexible	Scores	-0.03	0.02	-0.07	1.58	0.208

## **CHAPTER 5: DISCUSSION**

### **5.1 Introduction**

This chapter will include consideration of all aims, suggestions, shortcomings and conclusions of the report.

### **5.2 Prevalence of Perceived Types of Parenting**

The results from this study indicate that the most prevalent parenting style was authoritarian style (60.6 percent) as observed by teenagers in Nairobi County. Authoritarian (48.3%) and permissive parenting style (5.5%) closely followed this. The findings of this study suggest that the most prevalent perceived parenting style has been found in the authoritative flexible style of parenting. Though the concept behind the development of different parenting styles greatly relies on culture, the study findings show that adolescents' perception of their parents' parenting styles have changed considerably and other factors like education, marital status and exposure may have contributed to the evolution of parenting styles.

The prevalence of the authoritative flexible parenting style can be linked to the democratic political philosophy employed in the country and the adoption of the western culture. This is consistent with the assertion by Chiew, (2011) that the parenting styles adopted in certain countries are largely dependent on the social-political system and cultural factors. The study results support the findings by Damon and Lerner, (2006) that white people practice authoritative parenting style. Similarly, the findings are consistent with the findings by Harpenny et al. (2010) in Ireland that most parents adopted the authoritative style of parenting. Other studies with similar findings include Roman et al. (2016) in South Africa, Maigallo et al. (2015) in Kiambu county and Ashiono, (2013) in Mombasa County. These

findings imply that authoritative parenting style is dominant in most parts of Kenya. The similarities between the parenting styles in Kenya with western countries can be explained by the adoption of the western culture and systems of political governance in Kenya.

The study findings on dominant parenting styles contradict the findings by Zeleke and Tadesse, (1998) in Ethiopia which established that authoritarian parenting style was predominant in the country. The findings also contradict another study by Nguyen, (2008) in Vietnam which concluded that authoritative parenting style was dominant in the country. Other studies which contradict the findings from the study are Dwairy, et al., (2006) in Palestine. These parenting styles are mostly similar to the political systems in those countries when the studies were conducted.

### **5.3 Prevalence of Emotional and Behavioural Problems**

The study sought to determine the prevalence among adolescents in Nairobi County of emotional and behavioral problems. Results of the study showed that most students had the highest emotional and behavioral problems. The most common was behavioral problems (18.3%), followed by emotional problems (12.9%), peer problems (10.5%), overall problems (9.7%) and prosocial problems (3.7%). Overall, these issues had an impact among the respondents (43.7 percent). These findings are similar to Pathak, et al., (2011) study in India which revealed that (30%) of the adolescents were diagnosed with various emotional and behavioural problems. Moreover, they also support the Chinawa, et al., (2014) study findings in Nigeria that (27.4%) of the adolescents had emotional symptoms, 28.2% had conduct disorders, (20.4%) were hyperactive and (81.4%) had interpersonal relationships problems. The study results were also consistent with results in Kamukunji Sub-county by Gitonga, et al. (2017) which opined that the occurrence of conduct disorder

was (31.4%). The prevalence of emotional and behavioural disorders in youngsters can be as a result of the changing family, societal, social and economic dynamics that put pressure on these adolescents.

#### **5.4 Socio-demographic Factors and Parenting Styles**

The correlation between adolescent socio-demographic factors and perceived parenting styles was assessed in this study. Following adjustment for all other variables, particularly older age respondents with influential parents had significantly higher levels of behavioral problems ( $p < 0.001$ ). Respondents and their parents who used alcohol had significantly higher levels of behavioral problems than those who did not use alcohol. Compared to those who did not use alcohol, respondents and their parents who used alcohol had higher levels of hyperactivity problems. These findings concur with the findings by Harder, et al. (2014) that substance use, male gender and alcohol use by parents or adolescents were mostly associated with problem behaviour in adolescents. The findings also are consistent with the findings by Gitonga et al. (2017) that male students were reportedly having higher problem behaviours than girls.

Further findings indicated that after adjusting for all other factors, respondents whose parents were divorced or widowed had significantly higher levels of peer problems compared to those who were authoritative and married or single ( $p < 0.001$ ). These findings are consistent with the findings by Okorodudu, (2010) that being brought up in a family with divorced parents or having uninvolved or non-responsive parents were predicted to be associated with negative behaviour in the adolescents.



## **5.5 Association between Parenting Styles and Emotional and Behavioural Problems**

The study also sought to evaluate the association between perceived styles of parenting and emotional and behavioral issues. Results of the study showed a positive association between permissive style of parenting and full challenges, emotional problems and hyperactivity. There was, however, a significant negative correlation between permissive style of parenting and prosocial correlation. These findings are consistent with findings made in Pakistan by Rizvi and Najam (2015) that permissive styles were important predictors of emotional and behavioral problems.

There has been a significant negative correlation with hyperactivity and a positive correlation with prosocial in terms of authoritarian parenting style. Students with authoritarian parents had significantly higher levels of total problems after adjusting for all other factors ( $p=0.044$ ). These findings are in line with Khasakhala et al. (2013) and Rizvi and Najam (2015) findings that authoritarian parenting was an important predictor of emotional and behavioral problems

There was a significant negative correlation between authoritative style of parenting and total difficulties, problems of conduct, hyperactivity, peer issues, and impact score.. However, after controlling for demographics, those who had authoritative parenting style had significantly low levels of total difficulties ( $p=0.000$ ). These findings are supported by the findings by Rizvi and Najam (2015) in Pakistan and Okorodudu, (2010) in Nigeria, that authoritative upbringing was significantly associated with reduced level of problems. The study findings also support the Baumrind's pillar theory (Baumrind, 1967) that enhanced parent-child interactions can have a positive effect on the child and hence reduce problem behaviour.

## **5.6 Study Limitations**

The first limitation of the study is that the study will only be carried out in two secondary schools in Westlands constituency and may in turn not capture a wider perception of adolescents and young teenagers living in different parts of the Nairobi county and country at large.

Lack of adequate funds was also a limitation as the process of data collection was very costly although it was small representation of adolescents in schools.

The questionnaires especially the PAQ evoked childhood both good and bad which impacted feedback on questions such as grief (Bad) and students recalling good relationship with parents (good) as well as psychological and cultural biases linked to stigma. The validity of these tools is not secure enough to mark a diagnosis and so requires other diagnostic tools to confirm the emotional and behavioural problems necessitating referral for intervention.

The data collection was done during recess and that short period was less to capture the needed number of respondents on a daily basis hence time for data collection was prolonged.

The final limitation was limited published work on parenting styles in Kenya which then made literature review around the subject challenging.

The study was a cross-sectional study and may require longitudinal research methods to measure the outcomes correctly.

Referral of abnormal category was done but may not necessarily seek services given the cultural values that influence parenting such as authoritarian parents.

## 5.7 Recommendations

- Parenting styles impact on the child's emotional and behavioural problems, we therefore recommend authoritative parenting style which is high on both warmth and control emphasizing independence for parents hence a need for policy change and training programs.
- Conduct problems as a result of permissive parenting lead to substance abuse, and difficulty to maintain relationships, which calls for early assessment and referral given the fact that already such students have good traits of self-esteem while also focusing on advocating for the most ideal (Authoritarian) as opposed to Authoritarian parenting style.
- We therefore recommend that teachers and parents be trained on the outcomes of these parenting styles and advocate for the best parenting styles in schools and at home or community.
- Adolescents are encouraged to be trained on life skills to empower them to be independent and self-reliant.
- To influence policy through ministry of education to involve a parenting trainings.
- Further research should be done to investigate the various emotional and behavioural problems in detail through a longitudinal approach study in a larger population.

## **5.9 Conclusion**

Perceived forms of parenting contribute to the creation of emotional and behavioural issues among young people in school. Participants of oppressive parents have significantly higher levels of emotional and behavioural problems. Those with authoritative style of parenting have lower levels of behavioural and emotional issues. Parents and teachers must be able to recognise, evaluate and refer adolescents for effective early intervention to prevent emotional and behavioural problems in this population.

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## **APPENDICES**

### **Appendix 1: Informed Consent Explanation**

**TITLE OF STUDY:** *Perceived Parenting Styles and Development of Emotional and Behavioural Problems among Adolescents in Nairobi County*

#### **Specific Objective**

1. To investigate the prevalence of predominant perceived parenting styles as observed by adolescents in Nairobi County
2. To determine the prevalence of emotional and behavioural problems among the adolescents in Nairobi county
3. To determine the association between the perceived parenting styles and emotional and behavioural problems among adolescents in Nairobi County

**PRINCIPAL INVESTIGATOR AND INSTITUTIONAL AFFILIATION:** Martha Kagoya Msc. Clinical Psychology student from the University of Nairobi.

#### **INTRODUCTION:**

I would like to tell you about a study being conducted by the above listed researcher. The purpose of this consent form is to give you the information you will need to help you decide whether or not to be a participant in the study. Feel free to ask any questions about the purpose of the research, what happens if you participate in the study, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When we have answered all your questions to your satisfaction, you may decide to be in the study or not. This process is called “informed consent”. Once you understand and agree to be in the study, I will request you to sign your name on this form. You should understand the general principles which apply to all participants in a medical research:

- i) Your decision to participate is entirely voluntary
- ii) You may withdraw from the study at any time without necessarily giving a reason for your withdrawal
- iii) Refusal to participate in the research will not affect the services you are entitled to in this health facility or other facilities. We will give you a copy of this form for your records.

## **May I continue? YES/ NO**

This study has approval by The Kenyatta National Hospital–University of Nairobi Ethics and Research Committee protocol No. \_\_\_\_\_

## **WHAT IS THIS STUDY ABOUT?**

The researcher listed above is targeting students aged between 15 and 18yrs to participate in the study by filling in the questionnaires. The purpose of the interview is to assess the relationship between perceived parenting styles and emotional and behavioural problems in adolescence. Participants in this research study will be asked questions about their perception on their parents parenting styles and also about their behavioural and emotional issues.. There will be approximately 305 participants in this study randomly chosen. We are asking for your consent to consider participating in this study.

## **WHAT WILL HAPPEN IF YOU DECIDE TO BE IN THIS RESEARCH STUDY?**

If you agree to participate in this study, the following things will happen:

You will be interviewed by a trained interviewer in the class where you feel comfortable answering questions. The interview will last approximately 30 minutes. The interview will cover topics such as demographic information (age, level of education of the parents, emotional problems and behavioural issues in adolescence.

After the interview is done, psycho education, counselling/ psychotherapy and referral for psychiatric review at Kenyatta National Hospital may follow if deemed necessary.

We will ask for a telephone number where we can contact you if necessary. If you agree to provide your contact information, it will be used only by people working for this study and will never be shared with others. The reasons why we may need to contact you include: clarification of information given.

## **ARE THERE ANY RISKS, HARMS, DISCOMFORT ASSOCIATED WITH THIS STUDY?**

Medical research has the potential to introduce psychological, social, emotional and physical risks. Effort should always be put in place to minimize the risks. One potential risk of being in the study is loss of privacy. We will keep everything you tell us as confidential as possible. We will use a code number to identify you in a password-protected computer database and will keep all of our paper records in a locked file cabinet. However, no system of protecting your confidentiality can be absolutely secure, so it is still possible that someone could find out you were in this study and could find out information about you.

Also, answering questions in the interview may be uncomfortable for you. If there are any questions you do not want to answer, you can skip them. You have the right to refuse the interview or any question asked during the interview.

It may be embarrassing for you to have to give details of your personal life. We will do everything we can to ensure that this is done in private. Furthermore, the researcher is a professional with special training in these examinations/interviews. You could be suffering from depression or emotional dysregulation and it is therefore anticipated that participating in the study could further cause emotional distress. Referrals for psychiatric review will be done for severe cases while counseling will be done on site for less severe cases. Follow psychotherapy and counselling services will be done.

In case of any injury, illness or complications related to this study, contact the researcher right away at the number provided at the end of this document.

### **ARE THERE ANY BENEFITS BEING IN THIS STUDY?**

First, finding out whether you have emotional or behavioural problems will be beneficial. In addition, finding out whether these are associated with perceived parental styles will be important information particularly in the management of the emotional and emotional problems for parents. The information you will provide will be contribution to science and knowledge in understanding how the two concepts correlate.

### **WILL BEING IN THIS STUDY COST YOU ANYTHING?**

There will be no financial cost to you as the data collection will be carried out during your clinic visit.

### **WILL YOU GET REFUND FOR ANY MONEY SPENT AS PART OF THIS STUDY?**

As indicated above, you will not spend any money to take part in this study. Hence there will be no compensation.

### **WHAT IF YOU HAVE QUESTIONS IN FUTURE?**

If you have further questions or concerns about participating in this study, please call or send a text message to the researcher at the number provided at the bottom of this page. The researcher will pay you back for your incurred costs related to communication.

For more information about your rights as a research participant you may contact the:

**KENYATTA NATIONAL HOSPITAL-UNIVERSITY OF NAIROBI ETHICS  
AND RESEARCH COMMITTEE**

SECRETARY/ CHAIRPERSON,

Telephone No. 2726300 Ext. 44102,

Email [uonknh\\_erc@uonbi.ac.ke](mailto:uonknh_erc@uonbi.ac.ke).

**PRINCIPAL INVESTIGATOR (RESEACHER)**

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**Appendix 2: Statement of Consent**

**WHAT ARE YOUR OTHER CHOICES?**

Your decision to participate in research is voluntary. You are free to decline participation in the study and you can withdraw from the study at any time without injustice or loss of any benefits.

**Participant’s statement**

I have read this consent form or had the information read to me. I have had the chance to discuss this research study with a study counselor. I have had my questions answered in a language that I understand. The risks and benefits have been explained to me. I understand that my participation in this study is voluntary and that I may choose to withdraw any time. I freely agree to participate in this research study.

I understand that all efforts will be made to keep information regarding my personal identity confidential.

By signing this consent form, I have not given up any of the legal rights that I have as a participant in a research study.

<b>I agree to participate in this research study:</b>	<b>Yes</b>	<b>No</b>
I agree to have the questionnaire preserved for later study:	Yes	No
I agree to provide contact information for follow up:	Yes	No

**Participant printed name:** \_\_\_\_\_

**Participant signature / Thumb stamp** \_\_\_\_\_ **Date** \_\_\_\_\_

**Researcher’s statement**

I, the undersigned, have fully explained the relevant details of this research study to the participant named above and believe that the participant has understood and has willingly and freely given his/ her consent.

**Researcher’s Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Role in the study:** \_\_\_\_\_

**Appendix 3: Informed Consent for Parents and Guardians for Respondents that are below 18yrs**

My son, daughter has been invited to participate in the study mentioned and I can confirm that I have not been coerced into giving consent for her/ him to participate in the study. I can also confirm that she/he has not been coerced into giving assent either and has indeed freely agreed to participate in the study willingly and voluntarily and a copy of this Informed consent form has been provided to me.

Print Name of person giving the consent\_\_\_\_\_

Signature of person giving the consent\_\_\_\_\_

Date \_\_\_\_\_

*(Participants who are illiterate should include their thumb print as well)*

## **Appendix 4: Ridhaa Ya Kushiriki Kwa Utafiti**

### **UTANGULIZI**

Majina yanguni Martha Kagoya, mimi ni mwanafunzi wa chuo kikuu cha Nairobi nawaania shahada yauzamilya Clinical Psychologia. Mada ya utafiti ni “Jinsiaya Uzazi na unavyoadhiri au sababisha uharibifu wa Kihisia na tabia ya vijana kwenye Kaunti ya Nairobi”

### **MADHUMUNI YA UTAFITI**

Kuchunguza uhusiano baina ya jinsia ya uzazi na shida za kihisia na tabia kwa vijana

#### **Specific Objective**

1. To investigate the prevalence of predominant perceived parenting styles as observed by adolescents in Nairobi County
2. To determine the prevalence of emotional and behavioural problems among the adolescents in Nairobi county
3. To determine the association between the perceived parenting styles and emotional and behavioural problems among adolescents in Nairobi County

### **MALENGO MAALUM**

1. Kuchunguza idadi au ujumla wa jinsia ya uzazi kulingana na maoni ya vijana hapa katika Kaunti ya Nairobi
2. Kuchunguza idadi vijana ambao wanashida za kihisia au tabia kwenye kaunti ya Nairobi
3. Kuchunguza kama kuna uhusiano kati ya jinsia ya uzazi na shida za kihisia au tabia kwenye kaunti ya Nairobi

### **MAELEZO YA UTARATIBU WA UTAFITI**

Umechaguliwa kama mshiriki mdhaniwa wa utafiti huu kwa sababu unakidhi vigezo vya kuingizwa vya utafiti huu yale yalikuwa; kijana ambaye ana miaka kuanzia kumi na tano hadi kumi nane. Kijana ambaye atatoa idhini kwa kupiga sahihi ridhaa hii. Kijana ambaye wazazi au msimamizi atatoa idhini kwa kupiga sahihi ridhaa hii.

Nakuhimiza usome fomu hii na uulize maswali yoyote ambayo unaweza kuwa nayo kabla ya kukubali kuingia kwenye utafiti huu. Ni ya muhimu kutambua kuwa utafiti huu utachapishwa baada ya kukamilika.

Ikiwa unakubali kuwa katika utafiti huu, utaombwa kusaini fomu ya kibali kama uthibitisho wa hiari waushiriki. Baada ya kutia saini kwenye ridhaa, basi utaendelea kama mshiriki and kujazaa orodha ya maswali yatayo anadikwa kwenye karatasi tatu tofauti. Kujibu maswali hayo yote yatachukuwa kama muda wa dakika ishirini na tano.



## **HATARI, MADHARA NA USUMBUFU INAYOHUSISHWA NA UTAFITI HUU**

Hakuna hatari, madhara na usumbufu wowote inayohusishwa na utafitihuu

## **FAIDA YANAYOHUSISHWA NA UTAFITI HUU**

Faidainayohusishwanautafitihuunikuwamshirikiatapatakujuazaidijuuyauhusianobainayaji nsiyauzazinashida za kihisia na tabia kwa vijana

## **SIRI YAKO KAMA MSHIRIKI**

Lakini tutahakikisha kuwa unachotueleza kama mshiriki itakuwasiri. Tutatumia msimbo kukujua kwenye data itakayo kuwa kwa kompyuta ambayo imelindwa na neno la kificho. Isitoshe, makaratasi yetu yote yatawekwa na kufungiwa ndani ya kabati ya faili.

## **NITAREGESHEWA PESA AMBAYO NITATUMIA KAMA MSHIRIKI WA UTAFITI HUU?**

LA, kama ilivyoelezewa, hauta hitaji pesa kuhusishwa kwa utafitihuu.

## **HAKI YA KUJITOA KWENYE UTAFITI**

Uamuzi wako kushiriki ni kwa hiari yako. Ukona huru kukataa kuwa mshiriki wa utafitihuu. Unaweza kujitoa kama mshiriki wa utafiti huu wakati wowote bila udhalimu au upungufu wa faida yoyote kwako. Una hurusa kuto kujibu swala lolote ama kujitoa kabisa kwenye utafiti wakati wowote ukiendelea na unaweza pia kata majibu yako kutumika.

## **HAKI YA KUULIZA MASWALI AMA KURIPOTI WASIWASI**

Kama una maswali Zaidi ama wasiwasi yeyote kama bado utafiti unaendelea au baada ya kushiriki kwenye utafiti, tafadhali wasiliana nami [Martha Kagoya] kwa simu au unaweza tuma ujumbe kwenye nambari hii- [0746 621326] au tuma barua pepe kwa [kagmartha100@gmail.com]. Kama una maswali yanohusu haki zako kama mshiriki wautafitihuu, unaweza wasiliana na karani/ Mwenyakiti, Kenyatta National Hospital-University of Nairobi Ethics and Research Committee. Nambari. [0722-315002], email [uonknh\\_erc@uonbi.ac.ke](mailto:uonknh_erc@uonbi.ac.ke).

## **Appendix 5: Fomu Ya Ridhaa Ya Mshiriki**

### **KAULI YA MSHIRIKI**

Nimesoma fomu ya ridhaa hii ama nimesikiza maneno ambayo nimesomewa. Nimepata muda wa kujadiliana juu ya utafati huu na mshauri wa utafiti. Maswali yangu yame jibiwa kwa lugha ambayo ninaelewa. Nimeelezewa juu ya madhara na faida na ninaelewa kwa kushiriki kwenye utafiti huu ni kwa hiari yangu na ninaweza kujitoa wakati wowote kama mshiriki. Ninakubali kuhisika na utafiti huu.

Nina elewa kuwa watafiti watafanya juhudi na mekakati ambayo yata hakikisha kuwa mambo yangu (utambulisho) ya tabaki kuwasiri.

Kwa kutia saini kwenye fomu hii, sijawapa au kukana haki zangu za kisheria ambayo ninazo kama mshiriki w autafiti huu.

Nakubali kuwa mshiriki wa utafiti huu Ndio La

Nakubali kuwa dodoso yangu inaweza wekwa na kutumika katika utafiti mwingine Ndio La

Nakubali kuwapa nambari yangu ya mawasiliano ili niweze fuatiliwa virahisi Ndio La

Jina la Mshiriki: \_\_\_\_\_

Saini la Mshiriki / Kidole \_\_\_\_\_ Tarehe \_\_\_\_\_

### **Mtafiti**

Mimi niliyepiga saini yangu hapa, nimemweleza mshiriki maneno yote muhimu juu ya utafiti huu na ninaamini kuwa ameelewa na kuamua kwa hiari yake kuwa mshiriki wa utafiti huu.

Jina la Mtafiti: \_\_\_\_\_ Tarehe \_\_\_\_\_

Saini \_\_\_\_\_

Jukumul angu kwa utafiti huu: \_\_\_\_\_

Kwa maelezo zaidi, tafadhali wasiliana na Martha Kagoya [0746 621326] kutoka saa mbili asubuhi hadi saa kumi na moja na nusu jioni (Jumatatu hadi Ijumaa).

**Appendix 6: Fomu Ya Ridhaa YaMzazi au Msimamiziwa Mshirika Aliye Na Umri  
Chini Ya Kumi Na Nane**

Mwanangu wa kiume au kike amekaribishwa kuw amshiriki kwenye utafiti huu na naweza dhibitisha kuwa sijalazimishwa kutoa idhini ili awe mshirika kwenye utafiti huu. Naweza pia dhibitisha kuwa yeye hajalazimishwa kutoa idhini kushiriki ila ameamua mwenyewe kwa hiari yake kuwa mshirika. Na dhibitisha kuwa nakala ya fomu hii ya ridhaa pia mimi nimepewa.

Jina la mtu ambaye anapeana idhini: \_\_\_\_\_

Saini la mtua mbye anapeana idhini \_\_\_\_\_

Tarehe \_\_\_\_\_

## Appendix 7: Socio Demographic Questionnaire

Instructions: *Please Tick the Appropriate Answer*

**1. Gender**

- a) Male
- b) Female

**2. Age**

**3. Marital Status of parents**

- a) Single
- b) Married
- c) In a relationship
- d) Co-habiting
- e) Widowed

**4. Level of education of parents**

- a) University Education
- b) Tertiary College
- c) Secondary School
- d) Primary School
- e) No formal education

**5. What is their occupation?**

Employed

- a) Self Employed
- b) Unemployed
- c) Student

**6. Income (amount in Kshs) \_\_\_\_\_**

**7. Where do you live? \_\_\_\_\_**

**8. Does your parent take alcohol? Yes..... No .....**

**9. Frequency/ Quantity? .....**

**10. Do you take alcohol? Yes..... No .....**

**11. Frequency/ Quantity? .....**

## Appendix 8: Socio Demographic Questionnaire-Kiswahili Version

*Maagizo: Tafadhali Weka Alama Kwenye Jibu Ifaayo*

1. Jinsia?
  - a) Mwanamme [ ]
  - b) Mwanamke [ ]
2. Umri wako?
3. Hali yandoa ya wazazi?
  - a) Hajaoa [ ]
  - b) Wakondaniyandoa [ ]
  - c) Mjane [ ]
4. Kiwango cha masomo cha wazazi?
  - a) Chuo kikuu [ ]
  - b) Shule cha upili [ ]
  - c) Shule ya msingi [ ]
  - d) Siku enda shule [ ]
  - e) Nyingine tafadhali fafana.....
5. Ni kaziganiwanayofanya?
  - a) Wameajira [ ]
  - b) Wamejiajiri [ ]
  - c) Hawana Kazi [ ]
  - d) Ni wanafunzi [ ]
7. Mkaaziyakoningani?.....
8. Maswali juu ya Uzazi
  - a) Unadhani mahitaji na matakwa ya wazazi wako hushughulikiwa kwanza kila mara?  
Ndio ..... La .....
  - b) Unauhusiano mwema wa upendo kati yako na wazazi wako?  
Ndio..... La.....
  - c) Je, wazazi wako hukupea motisha, hukufundisha na kukuwezesha?  
Ndio ..... La .....

d) Unadhani wazazi wako huonesha kutokujali kwa tabia zao katika uhusiano wenu?  
Ndio ..... La .....

e) Je mzazi wako anakunywa pombe au hutumia madawa ya kulevya?  
Ndio ..... La .....

## Appendix 9: Parental Authority Questionnaire

**Instructions:** For each of the following statements, circle the number of the 5-point scale (1 = strongly disagree, 5 = strongly agree) that best describes how that statement applies to you and your mother & Father. Try to read and think about each statement as it applies to you and your mother & Father during your years of growing up at home. There are no right or wrong answers, so don't spend a lot of time on any one item. We are looking for your overall impression regarding each statement. Be sure not to omit any items.

1 = Strongly disagree

2 = Disagree

3 = Neither agree nor disagree

4 = Agree

5 = Strongly Agree

<b>1. While I was growing up my parents felt that in a well-run home the children should have their way in the family as often as the parents do.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>2. Even if their children didn't agree with them, my parents felt that it was for our own good if we were forced to conform to what they thought was right.</b>	1	2	3	4	5
<b>3. Whenever my parents told me to do something as I was growing up, they expected me to do it immediately without asking any questions.</b>	1	2	3	4	5
<b>4. As I was growing up, once family policy had been established, my parents discussed the reasoning behind the policy with the children in the family.</b>	1	2	3	4	5
<b>5. My parents have always encouraged verbal give-and-take whenever I have felt that family rules and restrictions were unreasonable.</b>	1	2	3	4	5
<b>6. My parents have always felt that what her children need is to be free to make up their own minds and to do what they want to do, even if this does not agree with what their parents might want.</b>	1	2	3	4	5
<b>7. As I was growing up my parents did not allow me to question any decision they had made.</b>	1	2	3	4	5
<b>8. As I was growing up my parents directed the activities and decisions of the children in the family through reasoning and discipline.</b>	1	2	3	4	5

<b>9. My parents have always felt that more force should be used by parents in order to get their children to behave the way they are supposed to.</b>	1	2	3	4	5
<b>10. As I was growing up my parents did not feel that I needed to obey rules and regulations of behaviour simply because someone in authority had established them.</b>	1	2	3	4	5
<b>11. As I was growing up I knew what my parents expected of me in my family, but I also felt free to discuss those expectations with my parents when I felt that they were unreasonable.</b>	1	2	3	4	5
<b>12. My parents felt that wise parents should teach their children early just who is boss in the family.</b>	1	2	3	4	5
<b>13. As I was growing up, my parents seldom gave me expectations and guidelines for my behaviour.</b>	1	2	3	4	5
<b>14. Most of the time as I was growing up my parents did what the children in the family wanted when making family decisions.</b>	1	2	3	4	5
<b>15. As the children in my family were growing up, my parents consistently gave us direction and guidance in rational and objective ways.</b>	1	2	3	4	5
<b>16. As I was growing up my parents would get very upset if I tried to disagree with them.</b>	1	2	3	4	5
<b>17. My parents feel that most problems in society would be solved if parents would not restrict their children's activities, decisions, and desires as they are growing up.</b>	1	2	3	4	5
<b>18. As I was growing up my parents let me know what behaviour they expected of me, and if I didn't meet those expectations, they punished me.</b>	1	2	3	4	5
<b>19. As I was growing up my parents allowed me to decide most things for myself without a lot of direction from them.</b>	1	2	3	4	5
<b>20. As I was growing up my parents took the children's opinions into consideration when making family decisions, but they would not decide for something simply because the children wanted it.</b>	1	2	3	4	5
<b>21. My parents did not view themselves as responsible for directing and guiding my behaviour as I was growing up.</b>	1	2	3	4	5
<b>22. My parent had clear standards of behaviour for the children in our home as I was growing up, but they were</b>	1	2	3	4	5



<b>willing to adjust those standards to the needs of each of the individual children in the family.</b>					
<b>23. My parents gave me direction for my behaviour and activities as I was growing up and they expected me to follow their direction, but they were always willing to listen to my concerns and to discuss that direction with me.</b>	1	2	3	4	5
<b>24. As I was growing up my parents allowed me to form my own point of view on family matters and they generally allowed me to decide for myself what I was going to do.</b>	1	2	3	4	5
<b>25. My parent has always felt that most problems in society would be solved if we could get parents to strictly and forcibly deal with their children when they don't do what they are supposed to as they are growing up.</b>	1	2	3	4	5
<b>26. As I was growing up my parents often told me exactly what they wanted me to do and how they expected me to do it.</b>	1	2	3	4	5
<b>27. As I was growing up my parents gave me clear direction for my behaviours and activities, but she was also understanding when I disagreed with her.</b>	1	2	3	4	5
<b>28. As I was growing up my parents did not direct the behaviours, activities, and desires of the children in the family.</b>	1	2	3	4	5
<b>29. As I was growing up I knew what my parents expected of me in the family and they insisted that I conform to those expectations simply out of respect for their authority.</b>	1	2	3	4	5
<b>30. As I was growing up, if my parents made a decision in the family that hurt me, they were willing to discuss that decision with me and to admit it if they had made a mistake.</b>	1	2	3	4	5

Description: The PAQ is designed to measure parental authority, or disciplinary practices, from the point of view of the child (of any age).

The PAQ has three subscales:

permissive (P: items 1, 6, 10, 13, 14, 17, 19, 21, 24 and 28), authoritarian (A: items 2, 3, 7, 9, 12, 16, 18, 25, 26 and 29), and authoritative/flexible (F: items 4, 5, 8, 11, 15, 20, 22, 23, 27, and 30). Mother and father forms of the assessment are identical except for references to gender.

Scoring: The PAQ is scored easily by summing the individual items to comprise the subscale scores. Scores on each subscale range from 10 to 50.

Author: Dr. John R. Buri, Department of Psychology, University of St. Thomas, 2115 Summit Avenue, St. Paul, MN 55105.

Source: Buri, J.R. (1991). Parental Authority Questionnaire, *Journal of Personality and Social Assessment*, 57, 110-119

## Appendix 10: Parental Authority Questionnaire- Kiswahili Version

Maelekezo: Kwa kila moja ya kauli zifuatazo, onyesha nambari kati ya 1 hadi 5 unayoona inaonyesha vyema venye mnavyohusiana na mzazi wako. Hakuna jibu sahihi au la makosa kwa hivyo usichukue wakati mwingi ukifikiria juu ya jibu la swali moja. Hisia yako kwa ujumla ndiola muhimu kwenye utafiti huu. Tafadhali jibu maswali yote.

1 = sikubalianisana

2 = sikubaliani

3 = sikubalianiwalakukubaliana

4 = nakubaliana

5 = nakubalianasana

---

**1. Wakati mimi nilikuwa mchanga nikukua, wazazi wangu walihisi kwamba katika nyumba inayoendelehwa vizuri watoto wanapaswa kuwa na njia zao katika familia mara nyingi kama wazazi wanavyofanya.**

1

2

3

4

5

**2. Hata kama watoto wao hawakukubaliana naye, .Wazazi wangu waliona kwamba ilikuwa kwa manufaa yetu kama tulilazimika kuzingatia kile walichofikiri kuwa ni sahihi.**

1

2

3

4

5

**3. Kila wakati Wazazi wangu waliniambia kufanya kitu, walitarajia kufanya hivi mara moja bila kuuliza maswali yoyote.**

1

2

---

---

3

4

5

**4. Nilipokua, mara moja sera ya familia ilianzishwa, .Wazazi wangu walijadili hoja ya nyuma ya sera na watoto katika familia.**

1

2

3

4

5

**5. .Wazazi wangu daima amehimiza kutoa-na-kuchukua maneno kila wakati nimesikia kuwa sheria za familia na vikwazo hazikuwa na maana.**

1

2

3

4

5

**6. Wazazi wangu daima ameona kuwa watoto wake wanahitaji kuwa huru kujiamulia na kufanya kile wanachotaka kufanya, hata kama hii haikubaliana na kile wazazi wao wanataka.**

1

2

3

4

5

---

---

**7. Nilipokuwa nikikua wazazi wangu hawakuruhusu mimi kuhoji uamuzi wowote walilofanya**

1  
2  
3  
4  
5

**8. Nilipokuwa nikikua wazazi wangu waliongoza shughuli na maamuzi ya watoto katika familia kwa njia ya hoja na nidhamu.**

1  
2  
3  
4  
5

**9. Wazazi wangu daima wamehisi kuwa nguvu zaidi inapaswa kutumiwa na wazazi ili kuwafanya watoto wao waweze kuishi kama wanavyotakiwa.**

1  
2  
3  
4  
5

**10. Nilipokuwa nikikua wazazi wangu hawakuishi kwamba nilihitaji kutii sheria na kanuni za tabia tu kwa sababu mtu aliye na mamlaka ameyaweka.**

1  
2  
3  
4

---

5

**11. Nilipokuwa nikikua nilijua nini wazazi wangu walitarajia kwangu katika familia yangu, lakini pia nilihisi kuwa huru kujadili matarajio hayo na mama yangu wakati nilihisi kuwa hakuwa na busara**

1

2

3

4

5

**12. Wazazi wangu walihisi kuwa wazazi wenye busara wanapaswa kuwafundisha watoto wao mapema tu ni nani ndiye boshi katika familia**

1

2

3

4

5

**13. Nilipokuwa nikikua, wazazi wangu mara nyingi hawakunipa matarajio na miongozo ya tabia yangu.**

1

2

3

4

5

**14. Wakati mwingi niliokuwa nikikua wazazi wangu walifanya kile watoto katika familia walivyotaka wakati wa kufanya maamuzi ya familia**

1

2

	3
	4
	5

**15. Kama watoto katika familia yangu tulipokuwa tukikua, wazazi wangu daima walitupa mwongozo na mwongozo katika njia nzuri na yenye lengo.**

- 1
- 2
- 3
- 4
- 5

<b>16. Nilipokuwa nikikua wazazi wangu wangependezwa sana ikiwa ningejaribu kutokubaliana nao.</b>	1
	2
	3
	4
	5

**17. Wazazi wangu wanahisikwambamatatizomengikatikajamiiyatatatuliwaikiwa wazazi hawatazuiashughuli za watotowao, maamuzi, natamaawanapokuwawakikua**

- 1
- 2
- 3
- 4
- 5

<b>18. Nilipokuwa nikikua wazazi wangu wangenipa jinsi walivyotarajia kwangu, na ikiwa sikutana na matarajio hayo, aliniadhibu.</b>	1
---	---

2

3

4

5

**19. Nilipokuwa nikikua wazazi wangu waliniruhusu nipate kuamua mambo mengi kwangu bila mwelekeo mwingi kutoka kwao.**

1

2

3

4

5

**20. Nilipokuwa nikua wazazi wangu walichukua maoni ya watoto wakati wa kufanya maamuzi ya familia, lakini hawakutaka kuamua kitu tu kwa sababu watoto walitaka.**

1

2

3

4

5

**21. Wazazi wangu hawakujiona kuwa ni wajibu wao kuniongoza na kuongoza tabia yangu wakati nilikuwa nikikua.**

1

2

3

4

5



**22. Wazazi wangu walikuwa na viwango vya wazi vya tabia kwa watoto katika nyumba yetu wakati mimi nilikua, lakini walikuwa tayari kurekebisha viwango hivyo kwa mahitaji ya kila mmoja wa watoto binafsi katika familia.**

1

2

3

4

5

**23. Wazazi wangu walinipa mwelekeo kwa tabia na shughuli zangu wakati nilikuwa nikikua na walitarajia kufuata uongozi wao, lakini walikuwa daima tayari kusikiliza wasiwasi wangu na kujadili mwelekeo huo na mimi**

1

2

3

4

5

**24. Nilipokuwa nikikua wazazi wangu waliniruhusu kuunda mtazamo wangu mwenyewe juu ya masuala ya familia na kwa kawaida wao waliniruhusu nipate kuamua mwenyewe kile nilichokifanya.**

1

2

3

4

5

**25. Wazazi wangu daima wamehisi kuwa matatizo mengi katika jamii yatatatuliwa ikiwa tunaweza kuwafanya wazazi waweze kushughulika na watoto wao kwa nguvu na ukali zaidi wakati hawafanyi kile wanachotakiwa kufanya wanapokua**

1

2

---

3

4

5

**26. Nilipokuwa nikikua wazazi wangu mara nyingi waliniambia hasa kile walichotaka nifanye na jinsi walivyotarajia nifanye.**

1

2

3

4

5

**27. Nilipokuwa nikikua wazazi wangu walinipa mwongozo wazi kwa tabia na shughuli zangu, lakini pia walikuwa wanaelewa wakati nilipokosakubaliana nao.**

1

2

3

4

5

**28. Nilipokuwanikikuawazaziwanguhawakuelekezatabia, shughuli, namatakwa/tamaa za watotokatikafamilia.**

1

2

3

4

5

**29. Nilipokuwa nikikua nilijua nini wazazi wangu walitarajia kwangu katika familia na walisisitiza kwamba nifwate matarajio hayo kwa sababu ya heshima ya mamlaka yao.**

1

---

---

2

3

4

5

**30. Nilipokua, kama wazazi wangu walifanya uamuzi katika familia hiyo ambayo ilinimumiza, walikuwa tayari kujadili uamuzi huo na mimi na kukubali ikiwa amefanya makosa.**

1

2

3

4

5

## Appendix 11: Strength and Difficulty Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you over the last six months.

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings			
I am restless, I find it hard to sit down for long			
I get a lot of headaches, stomach-aches or sickness			
I usually share with others, for example food or drink			
I get very angry and often lose my temper			
I would rather be alone than with other people			
I am generally willing to do what other people want			
I worry a lot			
I am helpful if someone is hurt, upset or feeling ill			
I am constantly fidgeting or squirming			
I have at least one good friend			
I fight a lot. I can make other people do what I want			
I am often unhappy, depressed or tearful			
Other people generally like me			
I am easily distracted, I find it difficult to concentrate			
I am nervous in new situations. I easily lose confidence			
I am kind to children			
I am often accused of lying or cheating			
Other people pick on me or bully me			
I often offer to help others (family members, friends, colleagues)			
I think before I do things			
I take things that are not mine from home, work or elsewhere			
I get along better with older people than with people of my own age			
I have many fears, I am easily scared			
I finish the work I'm doing. My attention is good			

**Do you have any other comments or concerns?**

*Please Turn Over - There Are A Few More Questions On The Other Side*

1. Overall, do you think that you have difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get along with other people?

- a) Yes- minor [ ]
- b) No difficulties [ ]
- c) Yes- definite difficulties [ ]
- d) Yes- severe difficulties [ ]

2. If you have answered "Yes", please answer the following questions about these difficulties:

*I. How long have these difficulties been present?*

- a) less than 1 month [ ]
- b) 1-5 months [ ]
- c) 6-12months [ ]
- d) over 1 year [ ]

*II. Do the difficulties upset or distress you?*

- a) Not at all [ ]
- b) Only a little [ ]
- c) Quite a lot [ ]
- d) A great deal [ ]

*III. Do the difficulties interfere with your everyday life in the following areas?*

	<b>Not at all</b>	<b>Only a little</b>	<b>Quite a lot</b>	<b>A great deal</b>
Getting along with the people you are closest to (e.g. family, partner)				
Making and keeping friends				
Work or study				
Hobbies, sports or other leisure activities				

*IV. Do the difficulties make it harder for those around you (family, friends, etc.)?*

- a) Not at all [ ]
- b) Only a little [ ]
- c) Quite a lot [ ]
- d) A great deal [ ]

*Thank you very much for your help*

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## Appendix 12: Strength and Difficulty Questionnaire - Kiswahili Version

Kwa kila kipengee, tafadhali angalia sanduku la Sio Kweli, Vinginevyo Kweli au Kweli Kabisa. Ingeweza kutusaidia ikiwa ungejibu vitu vyote kama vile uwezavyo hata kama huna uhakika kabisa. Tafadhali jibu majibu yako kulingana na jinsi mambo yaliyokuwa kwa miezi sita iliyopita.

	<b>Sio Kweli</b>	<b>Vinginevyo Kweli</b>	<b>Kweli Kabisa</b>
Ninajaribu kuwa mzuri kwa watu wengine. Ninajali kuhusu hisia zao			
Mimi huwa na wasiwasi, ni vigumu kukaa kwa muda mrefu			
Mimi hupata maumivu ya kichwa sana, tumbo-tumbo au ugonjwa			
Mara nyingi mimi kushirikiana na wengine, kwa mfano chakula au kinywaji			
Nina hasira sana na mara nyingi hupoteza hasira yangu			
Napenda kuwa peke yangu kuliko kuwa na watu wengine			
Kwa kawaida nina nia ya kufanya yale watu wengine wanataka			
Mimi huwa na wasiwasi sana			
Ninasaidia ikiwa mtu ameumizwa, amekasirishwa au anahisi kuwa mgonjwa			
Mimi mara kwa mara nimekuwa na kufigeti na kukosa utulivu			
Niko narafiki mzuri mmoja			
Napigana sana. Nafanya watu wafanye lolote nitakalo			
Kwa kawaida mimi huwa sina furaha, niko na huzuni na nalia			
Watu wengine hunipenda			
Ninavutiwa kwa urahisi, ni vigumu kuzingatia			
Nina wasiwasi katika hali mpya. Mimi hupoteza kujiamini urahisi			
Mimi nimzuri, mpole kwa watoto			
Mara nyingi mimi nihumiwa kwa uongo au kudanganya			
Watu wengine huchokoza mimi au kunisumbua vibaya			

Mara nyingi mimi hutoa usaidizi kwa wengine (familia, marafiki)			
Nafikiria kabla ya kufanya mambo			
Mimi huchukua vitu ambavyo si vya yangu kutoka nyumbani, kazi au mahali pengine			
Nina sikizana vizuri na wazee kuliko watu wa umri wangu			
Nina hofu nyingi, mimi nina hofu kwa urahisi			
Ninamaliza kazi ninayofanya. Ninamakinika vizuri			

### Je! Una maoni mengine au wasiwasi?

1. Kwa ujumla, unadhani una matatizo katika moja au zaidi ya maeneo yafuatayo: hisia, ukolezi, tabia au kuwa na uwezo wa kushirikiana na watu wengine?

- a) Ndio-chache
- b) sina Matatizo
- c) Ndio niko na matatizo kadhaa
- d) Ndio matatizo ninayo makuu

2. If you have answered "Yes", please answer the following questions about these difficulties:

*I. Haya matatizo yamekuwa kwa muda upi?*

- a) chini ya mwezi moja
- b) Miezi 1-5
- c) Miezi 6-12
- d) Zaidi ya Mwa kamoja

*II. Je! Matatizo haya yana kuvunja moyo au husababisha Dhiki?*

- a) Hapana Kabisa
- b) Kidogotu
- c) Mara mingi
- d) Kabisa

III. *Je! Matatizo haya yanaingilia maisha yako ya kila siku katika maeneo yafuatayo?*

	<b>Hapana Kabisa</b>	<b>Kidogo tu</b>	<b>Mara mingi</b>	<b>Kabisa</b>
kusikilizana pamoja na watu unaowa karibu (k.m. familia, mpenzi)				
Kufanya na kushika marafiki				
Kazi au Masomo				
Michezo au shughuli nyingine za burudani				

IV. *Je! shida zinafanya iwe vigumu kwa wale walio karibu nawe (familia, marafiki, nk)?*

- a) Hapana Kabisa
- b) Kidogotu
- c) Mara mingi
- d) Kabisa

*Ahsante Kwa usaidizi wako*

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### Appendix 13: Multivariate Tables

1. Is there an association between the perceived parenting styles and emotional and behavioral problems among adolescents in Nairobi County?

#### Total Difficulties

Variable	Category	$\beta$	S.E	95% C.I		P-Value
				Lower	Upper	
Age	Years	0.22	0.24	-0.25	0.69	0.357
Parent Marital Status	Single	0.43	0.71	-0.98	1.83	0.551
	Others	3.85	1.19	1.51	6.19	<b>0.001</b>
Parents Employment Status	Employed	-1.52	0.95	-3.37	0.34	0.110
	Self Employed	-2.32	1.02	-4.32	-0.31	<b>0.024</b>
Use of Alcohol (Child/self)	Yes	5.12	1.91	1.37	8.867842	<b>0.007</b>
Authoritarian	Scores	0.10	0.05	0.00	0.20	<b>0.044</b>
Authoritative Flexible	Scores	-0.17	0.04	-0.26	-0.09	<b>0.000</b>

#### Emotional Problems

Variable	Category	$\beta$	S.E	95% C.I		P-Value
				Lower	Upper	
Gender	Male	-1.27	0.36	-1.97	-0.56	<b>&lt;0.001</b>
Parents Employment Status	Employed	-0.79	0.42	-1.62	0.03	0.060
	Self Employed	-1.32	0.47	-2.23	-0.41	<b>0.005</b>
Permissive	Scores	0.06	0.02	0.02	0.11	<b>0.008</b>

#### Conduct Problems

Variable	Category	$\beta$	S.E	95% C.I		P-Value
				Lower	Upper	
Age	Years	0.15	0.07	0.00	0.29	<b>0.045</b>
Use of Alcohol (Child/self)	Yes	1.60	0.62	0.39	2.82	<b>0.010</b>
Authoritative Flexible	Scores	-0.04	0.01	-0.07	-0.02	<b>0.001</b>

## Hyperactivity

Variable	Category	$\beta$	S.E	95% C.I		P-Value
				Lower	Upper	
Age	Years	0.12	0.08	-0.05	0.28	0.171
Use of Alcohol (Child/self)	Yes	1.89	0.71	0.50	3.27	<b>0.008</b>
Permissive	Scores	0.05	0.02	0.01	0.08	<b>0.008</b>
Authoritarian	Scores	-0.04	0.02	-0.07	0.00	0.051
Authoritative Flexible	Scores	-0.01	0.02	-0.04	0.02	0.505

## Peer problems

Variable	Category	$\beta$	S.E	95% C.I		P-Value
				Lower	Upper	
Gender	Male	-0.06	0.31	-0.67	0.54	0.840
Age	Years	0.09	0.09	-0.09	0.27	0.312
Parent Marital Status	Single	0.65	0.26	0.13	1.17	0.014
	Others	1.43	0.44	0.57	2.28	0.001
Parents Education Level	University Education	-0.45	0.34	-1.12	0.22	0.186
	Tertiary College	-1.05	0.37	-1.79	-0.32	<b>0.005</b>
	Secondary School	-0.91	0.33	-1.56	-0.25	<b>0.006</b>
Use of Alcohol (Child/self)	Yes	2.51	0.78	0.99	4.04	<b>0.001</b>
Authoritative Flexible	Scores	-0.05	0.02	-0.08	-0.02	<b>0.003</b>

## Pro-social

Variable	Category	$\beta$	S.E	95% C.I		P-Value
				Lower	Upper	
Gender	Male	-0.84	0.28	-1.39	-0.29	<b>0.003</b>
Parents Education Level	University Education	0.85	0.32	0.22	1.48	<b>0.009</b>
	Tertiary College	0.77	0.36	0.08	1.47	<b>0.029</b>
	Secondary School	0.74	0.31	0.12	1.35	<b>0.018</b>
Use of Alcohol (Child/self)	Yes	-1.91	0.74	-3.36	-0.46	<b>0.010</b>
Permissive	Scores	-0.03	0.02	-0.06	0.00	0.074
Authoritarian	Scores	0.02	0.02	-0.01	0.05	0.201
Authoritative Flexible	Scores	0.04	0.02	0.01	0.07	<b>0.011</b>

## Impact Scores

Variable	Category	$\beta$	S.E	95% C.I		P-Value
				Lower	Upper	
Gender	Male	0.77	0.41	-0.03	3.54	0.060
Age	Years	0.17	0.14	-0.10	1.56	0.212
Parent Marital Status	Single	1.02	0.37	0.30	7.63	<b>0.006</b>
	Others	0.95	0.61	-0.24	2.47	0.116
Authoritative Flexible	Scores	-0.03	0.02	-0.07	1.58	0.208

2. Is there an association between socio-demographic factors of the adolescents and the perceived parenting styles?

## Authoritative Flexible

Variable	Category	B	S.E	95% C.I		P-Value
				Lower	Upper	
Age	Years	-0.92	0.33	-1.57	-0.27	<b>0.006</b>
Parent Marital Status	Single	-3.49	0.94	-5.34	-1.65	<b>0.000</b>
	Others	-0.50	1.61	-3.65	2.65	0.755
Use of Alcohol (Parent)	Yes	-2.66	1.87	-6.33	1.01	0.155
Use of Alcohol (Child/self)	Yes	-2.19	2.84	-7.75	3.37	0.440